

Statewide Assessment Instrument

Section I – General Information

Name of State Agency	
North Carolina Department of Health and Human Services Division of Social Services Family Support and Child Welfare Section	
Period Under Review	
Onsite Review Sample Period: October 1, 2005 – March 31, 2006 (foster care) October 1, 2005 – May 31, 2006 (in-home services) Period of AFCARS Data: FFY 2005 Period of NCANDS Data (or other approved source; please specify if alternative data source is used): FFY 2005	
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Section II – Safety and Permanency Data

For detailed information about the data profile including a Quick Reference Guide to the Child and Family Services Reviews State Data Profile Elements, a toolkit is available on the National Resource Center for Information Technology Web site at www.nrccwdt.org/cfsr/cfsr_toolkit.html.

State Data Profile Example

Child Safety Profile	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Reports	%	Duplic. Chn. ²	%	Unique Chn. ²	%	Reports	%	Duplic. Chn. ²	%	Unique Chn. ²	%	Reports	%	Duplic. Chn. ²	%	Unique Chn. ²	%
I. Total CA/N Reports Disposed¹	59,583		120,194		98,248		66,172		134,436		110,742		66,698		135,809		112,862	
II. Disposition of CA/N Reports³																		
Substantiated and Indicated	17,417	29.2	32,847	27.3	28,463	29.0	17,901	27.1	33,849	25.2	29,814	26.9	17,468	26.2	33,250	24.5	29,595	26.2
Unsubstantiated	42,080	70.6	87,186	72.5	69,697	70.9	38,233	57.8	79,965	59.5	64,474	58.2	30,358	45.5	63,433	46.7	52,258	46.3
Other	86	0.1	161	0.1	88.0	0.1	10,038 ^A	15.2	20,622	15.3	16,454	14.9	18,872 ^A	28.3	39,126	28.8	31,009	27.5
III. Child Cases Opened for Services⁴			18,310 ^B	55.7	16,185	56.9			B						B			
IV. Children Entering Care Based on CA/N Report⁵			B						B						B			
V. Child Fatalities⁶					C						C						C	
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence⁷ [Standard: 94.6% or more]											12,259 of 13,311	92.1					10,514 of 11,275	93.3
VII. Absence of Child Abuse and/or Neglect in Foster Care⁸ (12 months) [Standard: 99.68% or more]											15,221 of 15,373	99.01					16,127 of 16,260	99.18

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ADDITIONAL SAFETY MEASURES FOR INFORMATION ONLY*																		
	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Hours				Unique Chn. ²	%	Hours				Unique Chn. ²	%	Hours				Unique Chn. ²	%
VIII. Median Time to Investigation in Hours (Child File) ⁹							<24, but <48						<24, but <48					
IX. Mean Time to Investigation in Hours (Child File) ¹⁰							29.4						49.7					
X. Mean Time to Investigation in Hours (Agency File) ¹¹	72						D						D					
XI. Children Maltreated by Parents While in Foster Care ¹²																		
CFSR ROUND ONE SAFETY MEASURES TO DETERMINE SUBSTANTIAL CONFORMITY**																		
	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Reports	%	Duplic. Chn. ²	%	Unique Chn. ²	%	Reports	%	Duplic. Chn. ²	%	Unique Chn. ²	%	Report s	%	Duplic. Chn. ²	%	Unique Chn. ²	%
XII. Recurrence of Maltreatment ¹³ [Standard: 6.1% or less]					1,198 of 14,556	8.2					1,052 of 13,311	7.9					761 of 11,275	6.8
XIII. Incidence of Child Abuse and/or Neglect in Foster Care ¹⁴ (9 months) [Standard: 0.57% or less]					109 of 13,308	0.82					111 of 14,001	0.79					96 of 14,996	.64

*There are no national standards associated with these measures.

**These measures are used primarily by States completing round one Program Improvement Plans, but States also may review them to compare to prior performance.

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NCANDS DATA COMPLETENESS INFORMATION FOR THE CFSR			
Description of Data Tests	Fiscal Year 2003	Fiscal Year 2005	Fiscal Year 2006
Percent of Duplicate Victims in the Submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence.]	13.1	11.5	10.5
Percent of Victims With Perpetrator Reported [File must have at least 75% to reasonably calculate maltreatment in foster care.]	100	100	100
Percent of Perpetrators With Relationship to Victim Reported [File should have at least 75%.]	100	100	100
Percent of Records With Investigation Start Date Reported [Needed to compute mean and median time to investigation.]	100	100	99.9
Average Time to Investigation in the Agency File [PART measure.]	Reported	Not Reported	No Agency File
Percent of Records With AFCARS ID Reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also, all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID.]	Not Reported	Not Reported	Not Reported

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Footnotes To Data Elements In Child Safety Profile

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed — No Finding,” “Alternative Response Disposition — Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has

either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

- 1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.*
- 2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
- 3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*
- 4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.*
- 5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*
- 6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly*

related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

- 7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with Safety Outcome #1.*
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or

indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

- A. In FFY2004 and FFY2005, NC included alternative response victims and alternative response non-victims to the Child File.
- B. NC did not provide data on foster care services in FFY2003-2004 submissions. In FFY2005, no data on services were provided.
- C. NC does not report on fatalities in the Child File. North Carolina Child Fatality data are generated through the State Medical Examiner's Office. Data are reported based in North Carolina State Fiscal Year. The latest data available was for the State FFY2003 with a total of 30 Child Maltreatment Fatalities.
- D. NC did not report on average time to investigation in hours in FFY2004 and FFY2005 Agency Files.

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Point-In-Time Permanency Profile	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in Foster Care on First Day of Year	9,314		9,305		9,778	
Admissions During Year	5,444		6,068		6,482	
Discharges During Year	5,068		5,196		5,487	
Children Discharging from Foster Care in 7 days or less*	160		201		163	
Children in Care on Last Day of Year	9,690		10,177		10,773	
Net Change During Year	376		872		995	
II. Placement Types for Children in Care						
Pre-adoptive Homes	511	5.3	383	3.8	533	4.9
Foster Family Homes (Relative)	1,980	20.4	2,209	21.7	2,449	22.7
Foster Family Homes (Non-relative)	4,031	41.6	4,174	41.0	4,456	41.4
Group Homes	886	9.1	923	9.1	858	8.0
Institutions	1,491	15.4	1,727	17.0	1,741	16.2
Supervised Independent Living	14	0.1	7	0.1	13	0.1
Runaway	0	0.0	0	0.0	0	0.0
Trial Home Visit	777	8.0	752	7.4	722	6.7
Missing Placement Information	0	0.0	2	0.0	1	0.0
Not Applicable (Placement in Subsequent Year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	5,107	52.7	5,557	54.6	6,022	55.9
Live With Other Relatives	757	7.8	734	7.2	737	6.8
Adoption	2,919	30.1	2,855	28.1	2,911	27.0
Long-Term Foster Care	0	0.0	0	0.0	0	0.0
Emancipation	162	1.7	200	2.0	209	1.9
Guardianship	673	6.9	750	7.4	804	7.5
Case Plan Goal Not Established	71	0.7	81	0.8	90	0.8
Missing Goal Information	1	0.0	0	0.0	0	0.0

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Point-In-Time Permanency Profile	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	995	10.3	1,888	18.6	2,107	19.6
Two	2,314	23.9	1,800	17.7	1,874	17.4
Three	1,040	10.7	1,335	13.1	1,346	12.5
Four	1,553	16.0	1,128	11.1	1,116	10.4
Five	803	8.3	827	8.1	853	7.9
Six or More	2,985	30.8	3,199	31.4	3,477	32.3
Missing Placement Settings	0	0.0	0	0.0	0	0.0
V. Number of Removal Episodes						
One	9,553	98.6	10,046	98.7	10,623	98.6
Two	129	1.3	121	1.2	135	1.3
Three	7	0.1	9	0.1	14	0.1
Four	1	0.0	1	0.0	1	0.0
Five	0	0.0	0	0.0	0	0.0
Six or More	0	0.0	0	0.0	0	0.0
Missing Removal Episodes	0	0.0	0	0.0	0	0.0
VI. Number of Children in Care 17 of the Most Recent 22 Months¹ (Percent Based on Cases With Sufficient Information for Computation)	1,957	34.9	1,991	33.3	2,148	34.1
	Number of Months		Number of Months		Number of Months	
VII. Median Length of Stay in Foster Care (of Children in Care on Last Day of FY)	14.3		13.4		13.3	
VIII. Length of Time to Achieve Permanency Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	2,782	8.7	2,745	9.4	3,047	9.3
Adoption	1,185	29.6	1,208	26.8	1,134	27.6
Guardianship	548	10.2	668	10.8	722	10.7
Other	548	27.2	565	24.8	579	25.6
Missing Discharge Reason ²	0	--	0	--	0	--
Total Discharges (excluding those with problematic dates)	5,063	13.2	5,186	13.6	5,482	12.8
Dates Are Problematic ³	5	N/A	10	N/A	5	N/A

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STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4			
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [Standard: 122.6 or Higher] Scaled scores for this composite incorporate two components.	FY 2003 AB	FY 2004 AB	FY 2005 AB
	NA (Not Applicable)	State Score = 139.5	State Score = 139.4
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care (FC) to reunification in the target 12-month period, and who had been in FC for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [National median = 69.9%, 75 th percentile = 75.2%]	NA	69.6%	72.0%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the target 12-month period, and who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [National median = 6.5 months, 25 th percentile = 5.4 months (low is “good” in this measure)]	NA	Median= 6.7 months	Median= 6.4 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6-month period just prior to the target 12-month period, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [National median = 39.4%, 75 th percentile = 48.4%]	NA	29.9%	30.2%
Component B: Permanency of Reunification. The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the target 12-month period, what percent re-entered FC in less than 12 months from the date of discharge? [National median = 15.0%, 25 th percentile = 9.9% (low is “good” in this measure)]	NA	1.6%	2.3%

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STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4			
X. Permanency Composite 2: Timeliness of Adoptions [Standard: 106.4 or higher]. Scaled scores for this composite incorporate three components.	Federal FY 2003 AB	Federal FY 2004 AB	Federal FY 2005 AB
	NA	State Score = 123.9	State Score= 123.3
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the target 12-month period, what percent was discharged in less than 24 months from the date of the latest removal from home? [National median = 26.8%, 75 th percentile = 36.6%]	NA	39.9%	38.9%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the target 12-month period, what was the median length of stay in FC (in months) from the date of the latest removal from home to the date of discharge to adoption? [National median = 32.4 months, 75 th percentile = 27.3 months]	NA	Median= 26.8 months	Median= 27.6 months
Component B: Progress Toward Adoption for Children In Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the target 12-month period, and who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [National median = 20.2%, 25 th percentile = 22.7% (low is "good" for this measure)]	NA	23.2%	22.2%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the target 12 month period, and who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [National median = 8.8, 75 th percentile = 10.9%]	NA	13.4%	14.2%

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Section II – Safety and Permanency Planning

STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4			
	Federal FY 2003 AB	Federal FY 2004 AB	Federal FY 2005 AB
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12-month period prior to the target 12 month period (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [National median = 45.8%, 75 th percentile = 53.7%]	NA	60.1%	62.0%
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [Standard: 121.7 or higher]. Scaled scores for this composite incorporate two components.	NA	State Score = 114.8	State Score = 117.1
Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the target 12-month period, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification. [National median 25.0%, 75 th percentile = 29.1%]	NA	27.3%	27.3%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the target 12-month period, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification. [National median 96.8%, 75 th percentile = 98.0%]	NA	95.2%	94.1%
Component B: Growing Up in Foster Care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the 12-month target period, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer? [National median 47.8%, 25 th percentile = 37.5 % (low is “good” for this measure)]	NA	50.6%	49.2%

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STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4			
	Federal FY 2003 AB	Federal FY 2004 AB	Federal FY 2005 AB
XII. Permanency Composite 4: Placement Stability [National standard: 101.5 or higher]. Scaled score for this composite incorporates no components but three individual measures (below).	NA	State Score = 50.3	State Score = 52.4
Measure C4 – 1: Two or fewer placement settings for children in care for less than 12 months: Of all children served in foster care (FC) during the 12-month target period and who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [National median = 83.3%, 75 th percentile = 86.0%]	NA	55.1%	55.3%
Measure C4 – 2: Two or fewer placement settings for children in care for 12 to 24 months: Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [National median = 59.9%, 75 th percentile = 65.4%]	NA	27.4%	32.4%
Measure C4 – 3: Two or fewer placement settings for children in care for 24+ months: Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [National median = 33.9%, 75 th percentile = 41.8%]	NA	13.8%	11.7%

Special Footnotes for Composite Measures:

1) In both 2004 and 2005, North Carolina had quite a few children who were reported in the file in the first half of the year, but who were then **dropped from reporting** in the second half of the year with no indication as to why (no discharge data or reason given). Assuming that these are discharges for which NC is not getting credit, they constitute 2.9% and 2.6% of their reported discharges for 2004 and 2005, respectively. Please see the attached Excel spreadsheets and try to fix this problem, and then resubmit corrected data.

2) In 2005, NC reported **5.7% fewer adoptions in the foster care file** than they did in the adoption file. A **list of the adoptions reported in each file is attached** for the State's convenience. Note that the adoption file list includes only those cases that were placed for adoption by the public agency. Any private adoptions that States may report have been removed from the list to make the two files as comparable as possible. The fact that they are not the same means that the State is either under-reporting adoptions in the foster care file, or else inadvertently over-reporting adoptions in the adoption file. It is possible that the State is already addressing this issue, given that we sent information on this to them along with the July example profile. In any event, **this difference needs to be resolved so that NC can have confidence in the baseline for their Round Two Adoption composite measure.** Assuming the State sends corrected data, and we would be happy to provide a new profile.

One item not on the AFCARS data quality and completeness table on page 14 is the fact that NC's proportion of first-time entry children continues to be in the range of about 97%. This is of some concern because it is so high that it tends to appear unrealistic. Our experience is that **this high a percentage of new children each year tends to imply that historical data are missing for some children. Some children may inadvertently be entered into the system as new when they actually have an old record.** The State should investigate this possibility. If they find problems with this and submit corrected data, we will provide a revised profile. Changes could affect their performance on the data indicators, and it is important for them to have a realistic view of where they stand for their CFSR baseline.

This data profile is for illustrating the format and showing the national standards. Changes in the format may be made over time. The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

Permanency Profile First-Time Entry Cohort Group	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of Children Entering Care for the First Time in Cohort Group (% = first-time entry of all entering within first 6 months)	2,617	96.3	2,845	96.9	3,043	96.3
II. Most Recent Placement Types						
Pre-adoptive Homes	55	2.1	33	1.2	34	1.1
Foster Family Homes (Relative)	820	31.3	913	32.1	944	31.0
Foster Family Homes (Non-relative)	880	33.6	953	33.5	1,063	34.9
Group Homes	180	6.9	204	7.2	188	6.2
Institutions	216	8.3	299	10.5	295	9.7
Supervised Independent Living	3	0.1	1	0.0	6	0.2
Runaway	0	0.0	0	0.0	0	0.0
Trial Home Visit	463	17.7	441	15.5	513	16.9
Missing Placement Information	0	0.0	1	0.0	0	0.0
Not Applicable (Placement in Subsequent Year)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	1,996	76.3	2,185	76.8	2,338	76.8
Live With Other Relatives	176	6.7	136	4.8	186	6.1
Adoption	246	9.4	273	9.6	259	8.5
Long-Term Foster Care	0	0.0	0	0.0	0	0.0
Emancipation	13	0.5	26	0.9	24	0.8
Guardianship	155	5.9	187	6.6	197	6.5
Case Plan Goal Not Established	30	1.1	38	1.3	39	1.3
Missing Goal Information	1	0.0	0	0.0	0	0.0

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

Permanency Profile First-Time-Entry Cohort Group	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	263	10.0	903	31.7	810	26.6
Two	949	36.3	595	20.9	652	21.4
Three	287	11.0	485	17.0	480	15.8
Four	522	19.9	281	9.9	351	11.5
Five	197	7.5	169	5.9	232	7.6
Six or More	399	15.2	412	14.5	518	17.0
Missing Placement Settings	0	0.0	0	0.0	0	0.0
V. Reason for Discharge						
Reunification/Relative Placement	642	77.9	613	72.4	728	76.5
Adoption	19	2.3	18	2.1	18	1.9
Guardianship	101	12.3	143	16.9	131	13.8
Other	62	7.5	73	8.6	75	7.9
Unknown (Missing Discharge Reason or NA)	0	0.0	0	0.0	0	0.0
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care	16.2		16.7		Not yet determinable	

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

AFCARS DATA COMPLETENESS AND QUALITY INFORMATION*						
	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	N	As a Percent of Exits Reported	N	As a Percent of Exits Reported	N	As a Percent of Exits Reported
File Contains Children Who Appear to Have Been in Care Less Than 24 Hours	5	0.1 %	10	0.2 %	5	0.1 %
File Contains Children Who Appear to Have Exited Before They Entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing Dates of Latest Removal	0	0.0 %	0	0.0 %	0	0.0 %
File Contains “Dropped Cases” Between Report Periods With No Indication as to Discharge	207	4.1 %	151	2.9 %	140	2.6 %
Missing Discharge Reasons	0	0.0 %	0	0.0 %	0	0.0 %
	N	As a Percent of Adoption Exits	N	As a Percent of Adoption Exits	N	As a Percent of Adoption Exits
File Submitted Lacks Data on Termination of Parental Rights for Finalized Adoptions	3	0.1 %	3	0.1 %	0	0.0 %
Foster Care File Has Different Count Than Adoption File of (Public Agency) Adoptions (N=Adoption Count Disparity)	111	8.6% fewer in foster care file	10	0.8% fewer in adoption file	68	5.7% fewer in foster care file
	N	As a Percent of Cases Having Missing Data	N	As a Percent of Cases Having Missing Data	N	As a Percent of Cases Having Missing Data
File Submitted Lacks Count of Number of Placement Settings in Episode for Each Child	0	0.0 %	0	0.0 %	0	0.0 %

*2% or more is a warning sign.

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

PERMANENCY AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY IN ROUND ONE*						
	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) [Standard: 76.2% or more]	1,782	64.0	1,671	60.8	1,918	62.9
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	411	34.7	482	39.9	441	38.9
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	3,397	52.1	3,984	56.6	4,296	56.4
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	77	1.4 (96.9% new entry)	89	1.5 (97.2% new entry)	120	1.9 (96.8% new entry)

*These are CFSR round one permanency measures. They are intended to be used primarily by States completing round one Program Improvement Plans, but also could be useful to States in CFSR round two in comparing their current performance to that of prior years.

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY03, FY04, and FY05 counts of children in care at the start of the year exclude 25 , 35 , and 46 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵This First-Time Entry Cohort median length of stay was 16.2 in FY03. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁶This First-Time Entry Cohort median length of stay was 16.7 in FY04. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁷This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY05. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

Section III – Narrative Assessment of Child and Family Outcomes

To fully assess NC's progress towards achieving safety, permanency and well-being, a basic understanding of the Multiple Response System (MRS), our system wide reform effort is needed. MRS is more than an alternative response system, it is an effort to reform the entire continuum of child welfare in NC, from intake through placement services. MRS was made possible through Session Law 2001-424, Senate Bill 1005 2001, "Appropriations Act of the General Assembly". MRS began being piloted in ten NC county departments of social services: Alamance, Bladen, Buncombe, Caldwell, Craven, Franklin, Guilford, Nash, Mecklenburg, and Transylvania in late 2001. NC designates counties on three levels based on population; Level I counties are small, Level II counties are medium, and Level III counties are large. MRS is now in place in all 100 counties. The reform is based upon the application of family centered principles of partnership through seven strategic components of MRS. The seven strategic components are:

- Collaboration between the Work First Family Assistance and child welfare programs.

Work First Family Assistance is a program that provides families with financial, employment, and community services to help them become self-sufficient. Work First-related services and benefits include childcare, employment counseling, and transportation. Many families involved with the Work First program are also involved with child welfare cases.

- A strengths-based, structured intake process.

The creation of objective, structured intake tools that clearly identify factors establishing consistent screening criteria for the identification of new child abuse, neglect, and dependency reports. Emphasis is placed on family strengths as well as needs.

- A choice of two approaches to reports of child abuse, neglect, or dependency.

A system that allows a differential response to child neglect and dependency reports, and a partnership in child protection among county departments, families, other agencies, and local communities to address every aspect of child maltreatment and the family. The availability of two approaches recognizes the variation in the nature of reports and that one approach does not meet the needs of every family.

- Coordination between law enforcement agencies and child protective services for the investigative assessment approach.

County Departments of Social Services work closely with law enforcement agencies through formalized mutually supportive relationships, especially when responding to reports of child maltreatment using the investigative assessment approach. This ensures that those who cause harm to children are identified and held responsible for their abusive actions through criminal prosecution.

- A redesign of in-home services.

These are services provided due to concerns for safety and the future risk of harm to children. Families with the greatest needs are provided with the most intensive services and contacts, while families with fewer needs are provided with less intensive services/contacts. This

continuum of services allows social workers to better address risk, support the family and engage them in the process to promote planning and achieve positive change.

- Implementation of Child and Family Team meetings during the provision of in-home services.

Child and Family Team meetings occur with families involved with child protective services. These meetings are a family-centered means of maximizing family input and decision making with support from DSS, other community resources, and the family's own network of support.

- Implementation of Shared-Parenting meetings in child placement cases.

Shared-parenting meetings occur with families who have had their children placed in foster care. Shared-Parenting meetings are a time for the social worker, birth parents and foster parents to meet and discuss the care of the child when out-of-home placement is necessary. These meetings occur within one week of a child being placed in foster care.

Maintaining its primary goals of focusing on child safety, permanence and well-being and promoting family self-sufficiency, MRS also endeavors to make the Child Welfare system a more transparent, understandable system. We firmly believe that a system that can be easily understood by families will be more effective in bringing about change and reducing risk. Expanding on the ideas used as support for differential response in other states, MRS in North Carolina extends throughout the Child Welfare continuum the philosophy that families are given the opportunity to find their own solutions with the support of DSS, their own extended families and community agencies.

NC is legislatively required to evaluate MRS, and we are contracting with Duke University for this evaluation. Data from the evaluation is included throughout the assessment. MRS implementation continues – although the seven strategies are in place in all 100 counties, we recognize that our system reform efforts are not complete. Monthly, regional meetings are held to address policy issues, share information and resources, and focus on continuous improvement. Minutes from those meetings can be accessed on the Division's [MRS website](#).

NC recognizes that child safety, permanency and well-being require collaboration and we used a multi-level approach with our stakeholders to inform this assessment. Large stakeholder meetings, surveys, and focus groups were the methods used to collect information. To support an ongoing dialogue with stakeholders, NC uses the State Collaborative for Children and Families as our stakeholder group. The Collaborative is representative of families and child serving agencies in NC – this group provides feedback on our Annual Progress and Services Report on a quarterly basis, and contributed a wealth of information to this statewide assessment. Two stakeholder meetings outside of the regularly scheduled Collaborative meetings were held to ensure an adequate amount of time was given to thoroughly assessing NC's child welfare system. Throughout this document, State Collaborative stakeholder feedback is included. Please refer to the strengths and needs assessment for names and agency affiliation of State Collaborative stakeholders.

Legal and Judicial stakeholders, foster youth and foster parents were surveyed. Results and feedback from those surveys are included throughout the assessments and summarized in the strengths and needs section.

Our foster and adoptive parent association provided the survey to their members and posted the survey on their web-site. The North Carolina Foster and Adoptive Parent Association has approximately 500 members out of a pool of approximately 13,000 licensed foster and adoptive parents in North Carolina. Foster parents sent in a total of 93 completed surveys (approximately

20% response rate). A total of 18 counties are represented, with Wilkes County representing the largest proportion at 34.4%, followed by Mecklenburg at 20.4%. Almost half (49.5%) of the surveys were from Level 2 counties, followed by Level 3 counties (40.9%) and Level 1 counties (9.7%). Those submitting a survey were most likely female (60.2%), white (69.9%) and have been a foster parent for, on average, 4.5 years (range: 3 months to 22 years, with a median of 3 years). A very small minority of the foster parents identified themselves as Hispanic (2.2%). In the future, we hope to send the survey out on a biennial basis to a random sample of all foster parents in the state in an effort to hear a wider range of foster parent voices.

The youth in foster care completed a total of 22 surveys. Surveys were distributed to the LINKS coordinators (independent living skills coordinators) in each county and coordinators were asked to distribute them to youth involved with the county DSS. Because the survey was not mandatory, there was a very low response rate. The youth completing a survey were most likely female (68.2%), White (63.6%), of Non-Hispanic ethnicity (68.2%) and residing in Catawba County (68.2%). The other 31.8% of the youth resides in Guilford County (4.5%), Haywood County (9.7%) and Orange County (18.1%). The average length of time in foster care was 26.11 months (median: 17 months, range: 3 months to 90 months) however, only a slight minority (40.9%) answered this question. The poor response rate on the foster youth survey led DSS to conduct focus groups with youth in Catawba and Nash counties.

The survey asked the foster parents and youth to rate the questions on a 5 point Likert scale, “Strongly Disagree” to “Strongly Agree.” The respondents were also given the choice of “Not Applicable, N/A” and within each section, space was provided for additional comments. In the following results section, the “Strongly Agree” and “Somewhat Agree” responses were collapsed into an aggregate indicator of agreement and the “Strongly Disagree” and “Somewhat Disagree” were collapsed into disagreement. Please refer to specific sections of the assessment for information from the surveys, and to the strengths and needs assessment for an overall summary.

The legal and judicial survey consisted of 74 questions grouped into 14 categories, and covered topics ranging from timeliness of adjudication to Court to Agency relationship. Our CIP coordinator provided contact information for our judicial stakeholders. Of the approximately 600 surveys that were sent out, 30 completed surveys were returned (a response rate of 5%). The survey followed closely on the heels of a reassessment of the Court Improvement Project, which involved clerks of court, judges, and other legal stakeholders; their recent involvement in the CIP evaluation likely contributed to the low survey response rate. Slightly more than half of the respondents were Guardian ad Litem attorneys (53.3%), followed by DSS attorneys at 20%. Completed surveys were received from 18 of 41 judicial districts, and were geographically representative of NC (Western, Piedmont, Central and Eastern areas). The survey asked the respondents to rate the questions on a 5 point Likert scale, “Strongly Disagree” to “Strongly Agree.” The respondents were also given the choice of “Not Applicable, N/A” and within each section, space was provided for additional comments. Throughout the document, input from legal and judicial stakeholders will reference the results of this survey.

A. Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

Effective January 2006, North Carolina's Multiple Response System is in place in all 100 counties. One of seven MRS strategies is the choice of two approaches to a CPS report – family assessment and a more traditional forensic track investigative assessment for reports of abuse and serious neglect. Response times in NC are mandated by legislation; response within 24 hours to abuse reports and response within 72 hours to neglect reports.

MRS was implemented across the state in three stages, and practice in county departments of social services reflects varying levels of saturation – meaning that counties are at different levels of expertise regarding the implementation of all 7 MRS strategies. Data regarding the percentage of eligible reports completed as family assessments ranges from 98% in Graham County to 0% in Hyde County, which is just beginning reform efforts. Counties use law and policy to make screening decisions and to make the decision regarding which assessment track to pursue when the allegations meet the legal definitions of abuse, neglect or dependency.

As part of the MRS, North Carolina contracted with Duke University to evaluate the impact of the system wide reform. The 2005 evaluation compared the original 10 MRS pilot counties to 9 control counties, and found that in calendar year 2005 95.5% of all cases were initiated in a timely manner in the control counties and 93.7% of all investigations were initiated in a timely manner in 9 MRS counties, excluding Mecklenburg (in Mecklenburg 89.4% were initiated within 72 hours). After analyzing data for the three years prior to MRS implementation and post-MRS implementation, the evaluation determined **that the initiation of MRS did not significantly alter the timeliness of initial response to accepted cases¹**. Feedback from stakeholders indicate that while it may take somewhat longer to initiate a case, safety is not compromised and this is viewed as a strength, in that we are implementing family-centered practice, and we are scheduling visits with families.

Examining North Carolina's own data regarding timeliness of initiating assessments over the last five years yields similar results:

Initial Report SFY	Average Number of Days from Initial Report to Assessment Start	Average Number of Days from Initial Report to Case Decision	Average Number of Days from Assessment Start to Case Decision
Timeliness of All CPS Assessments			
2002	2.63	42.71	40.08
2003	2.16	44.83	42.66
2004	2.15	45.59	43.44
2005	1.97	46.49	44.51
Timeliness of CPS Investigative Assessments			
2002	2.64	42.91	40.28

¹ Terry Sanford Institute of Public Policy, Center for Child and Family Policy (2006). Multiple Response System (MRS) Evaluation Report to the North Carolina Division of Social Services. Accessed on the World Wide Web at http://www.dhhs.state.nc.us/dss/publications/docs/mrs_eval_rpt_6_30_06_all_combined.pdf

2003	2.13	45.40	43.27
2004	2.05	46.00	43.95
2005	1.91	47.04	45.13
2006	1.47	42.81	41.34
Timeliness of CPS Family Assessments			
2003	3.49	37.39	33.90
2004	3.10	44.26	41.16
2005	2.22	45.51	43.29
2006	1.91	43.08	41.17
Timeliness of Response for Cases Reported as Abuse			
2002	1.46	50.78	49.32
2003	1.00	52.52	51.52
2004	1.39	56.12	54.73
2005	1.05	51.70	50.65
2006	0.99	51.38	50.39
Timeliness of Response for Cases Reported as Neglect			
2002	2.86	42.30	39.44
2003	2.41	44.24	41.83
2004	2.35	44.70	42.36
2005	2.16	46.04	43.88
2006	1.84	43.91	42.06

State biennial CFSR results indicate that of 1,235 cases reviewed from July 2003 – June 2005, 90% were rated as a strength regarding this measure, while 702 cases reviewed from July 2005 – June 2006, 89% were rated as a strength. In examining the administrative data, it is also clear that cases reported as abuse are on average responded to within 24 hours as policy dictates. On average, cases reported as neglect have all been responded to in less than the 72 hour time period mandated by policy since 2003. Policy does specify the following allegations require an immediate response: child at immediate risk of harm resulting from neglect; physical abuse of a preschool child; child under the age of six left alone; child is being tormented or tortured; child in a life threatening situation; child under the age of 12 who self-refuse or refers to go home; report of a child's death as a result of maltreatment and there are other children present in the home or if it is unknown if there are other children. Administrative data does not indicate which reports require an immediate response, so we are not able to determine counties timeliness of response to those cases except through the quality assurance, which have not identified timeliness of response as an issue.

MRS implementation in NC has been coupled with the implementation of a System of Care in child welfare. Family centered practice is the foundation of our work. Our PIP implementation included the development of structured decision making tools used from Intake to in-home services through foster care. Our strengths-based structured intake tool ensures that thorough information is gathered, clarifies what constitutes a report and solicits information about relatives/kin, family strengths and culture from the first contact with the reporter. Other tools include: safety assessment, strengths and needs assessment, risk assessment and risk re-assessment.

The structured decision making tools have been fully implemented and incorporated into practice at the county level. Family involvement in completion of the tools is required. State Collaborative stakeholders pointed out that initiation times may have increased as a result of fully embracing the family assessment track – meaning that social workers are contacting family members to schedule home visits and are making those visits at times that are convenient for the family. State Collaborative stakeholders view this as a strength, in that family centered practice contributes to a positive, transparent working relationship with families, and that may mean that response time increases. State Collaborative stakeholders did not view MRS as compromising safety – in fact, indicate that MRS supports safety, and acknowledge that abuse and serious neglect response times have not been negatively impacted.

A comprehensive approach to ensure that new reports of child maltreatment are accepted and thoroughly assessed includes the use of the SDM tools, revision of policy, and Program Review through quality assurance reviews and consultation/technical assistance through regional Children’s Program Representatives.

The Hispanic/Latino population in NC continues to grow. According to 2000 U.S. Census data, 4.7% of our population is Hispanic. Feedback from State Collaborative stakeholders indicates that securing skilled interpreters is a challenge for some counties. Specific county strategies to address this issue include: provision of conversational Spanish to all staff, and recruitment of Spanish-speaking social workers. After analyzing the data, it appears that strategies counties are employing are working well, such that non-English speaking families actually experience slightly shorter timeframes regarding initiating assessments and making case decisions than average.

Timeliness of All CPS Assessments involving non-English Speaking children

Initial Report SFY	Average Number of Days from Initial Report to Assessment Start	Average Number of Days from Initial Report to Case Decision	Average Number of Days from Assessment Start to Case Decision	Number of Children (unduplicated)
2002	13.73*	46.59	32.86	252
2003	1.03	63.21	62.18	312
2004	3.42	47.71	44.29	436
2005	1.28	53.07	51.79	1126
2006	1.12	47.57	46.45	3339

*There are six outliers in the data, which shows the initial response rate as taking 1,462 days. We believe this is a data entry error and accounts for the greater average number of days from initial report to assessment start in SFY 2002.

State Collaborative stakeholders also expressed concern that timeliness of initiating assessments was longer in cases where children were visually or hearing impaired. After analyzing the data, we found that in some years, children who are visually or hearing impaired waited longer for assessments to be initiated and for case decisions to be made. In most cases, however, these were a result of outliers in the data that were able to skew the results because of the small sample size.

Timeliness of All CPS Assessments involving children that are visually or hearing impaired

Initial Report SFY	Average Number of Days from Initial Report to Assessment Start	Average Number of Days from Initial Report to Case Decision	Average Number of Days from Assessment Start to Case Decision	Number of Children (unduplicated)
2002	1.26	35.56	34.30	58
2003	2.18	33.62	31.44	46
2004	8.48*	65.10*	56.62	57
2005	1.57	37.61	36.04	48
2006	1.44	55.86*	54.42*	54

*There is one outlier in the data, which shows the initial response rate as taking 733 days. We believe this is a data entry error and accounts for the greater average number of days from initial report to assessment start in SFY 2004. Because the n is so small, this data entry error also skews the average number of days from initial report to case decision in SFY 2004. Similarly, in SFY 2006, 4 children were involved in an assessment that took 104 days to complete, which skewed all of the numbers because of the small sample size.

Another challenge identified involves cross-county issues. There have been some difficulties around determining residency, requests for initiations that are not processed timely, inconsistency in practice from one county to the next. To address this issue, the Division formed a work group to clarify cross county issues. The work group is developing policy with a goal of implementation in 2007.

Methamphetamine manufacture had become a particular issue in the western region of our state; however manufacture in the eastern region is growing. According to the State Bureau of Investigation (SBI), approximately 180 methamphetamine labs have been detected this past year, with 35 children present during the raids. No labs were uncovered in Mecklenburg and Catawba Counties, and 1 lab was uncovered in Nash County. A new position was established in 2004; the Drug Endangered Children Coordinator focuses on substance use/abuse in child welfare. The Coordinator provides ongoing, regional training to address the unique challenges that apply to first responders in methamphetamine lab environments and how DSS can intervene effectively with families. Seventy-five counties have developed a drug endangered children protocol to address this challenge. Division staff also respond to specific requests for community-level training; over 150 community partners were trained this past year, and included guardian ad litem, school staff, medical providers, and TANF staff.

In February 2006, North Carolina began collecting data regarding substance abuse as a contributing factor for CPS reports. Since that date, caretaker substance abuse has been the primary contributory factor in 16.85% of all founded reports.

The Division views child safety as a community issue and as such, collaboration is a crucial component towards achieving child safety. Promoting public awareness of child maltreatment occurs at the state level through our Public Affairs Office which distributes information through press releases and ongoing media partnerships, through a continued contract with Prevent Child Abuse N.C. to promote public awareness across the state, and through support and consultation provided to each county's Community Child Protection Team(CCPT). CCPTs are a county level mechanism to address education regarding the prevention of child maltreatment. CCPTs are attended by county level child serving partner agencies such as the Department of Public Instruction, Mental Health, Law Enforcement, Public Health, and prevention agencies.

2005 CCPT findings include:

- Service providers that are not a part of the substance abuse treatment system often demonstrate an insufficient level of knowledge about effective after care services for addicts
- Domestic violence: specifically services for males, i.e. shelters that do not house male victims and boys that are a part of the household of female victims, and protective orders violated by the defender
- Services to individuals that are not legal citizens:
 - Language interpretation service
 - Medical care
 - Educational services
 - Mental Health services
 - Inter-county services
- Limited transportation access for families who live in rural areas
- Unidentified youthful sexual offenders pose a risk to other children, especially in neighborhoods and school settings
- Limited financial assistance for relatives providing care for children placed in their care by Departments of Social Services
- Parenting, capacity of low functioning parents
- Abuse of child protection system by parents in child custody battles
- Limited access to state and national records of histories of child maltreatment and how it affects the well-being of children in North Carolina

Recommendations include:

- Effective after care services for individuals who have completed a treatment program. The dynamics of substance abuse should be a part of the training curriculum of all agencies providing services to recovering addicts.
- All teams should receive the Best Practice policy, established by the Domestic Violence Coalition, governing domestic violence programs.
- North Carolina should explore establishing a single state agency to coordinate services for non-English speaking residents.
- Funding and coordination of transportation services for rural communities.
- The North Carolina Departments of Juvenile Justice and Delinquency Prevention, the Division of Mental Health, Developmental Disabilities and Substance Abuse and the Division of Social Services should collaborate on a plan to address youth sexual offenders as victims and perpetrators of sexual offenses on other children.
- Guidelines governing child kinship care should be reviewed to address financial barriers.
- Family Preservation services and Family Resource Centers should include in-home parenting instruction for low functioning parents. Services should focus on: effective discipline, nurturing, and advocacy on behalf of children, adequate child supervision, rendering appropriate judgment calls, respite services and the basic health needs of children.
- The Department of Justice and the Division of Social Services should review laws and policies regarding child custody and child protection to determine how children can be protected in “custody battles”, when each parent uses the Child Protection Services system to circumvent Family Law.

- State support for national registry of child abuse and neglect perpetrators.
- A Multi-Agency task force should convene to review licensure requirements for all agencies and individuals that provide care and or services to children.

NC plans to partner with the State Collaborative for Children and Families in order to strengthen procedures related to CCPT's. NC recognizes that follow through with recommendations must occur through collaboration at the state and local level. It is our belief that bringing the State Collaborative into the process as a neutral party will help resolve this issue.

Item 2: Repeat maltreatment. How effective is the agency in reducing the recurrence of maltreatment of children?

Service delivery in NC has changed dramatically since our last CFSR. The alternative response, family assessment track helps reduce the stigma that child protective services is about "taking children away." Delivering services in a family centered manner contributes to parents feeling safe to share information openly, which leads to an accurate assessment of strengths and needs. The ability to identify safety risks early and accurately leads to effective interventions that prevent repeat maltreatment. Child and family team meetings are required at the development of service plans, and at any other significant change in family functioning. CFTs involve those who are important to the family as well as community supports. "Nothing about me without me" is the standard county departments are embracing.

County departments are also altering social worker's schedules to allow for increased frequency of visits with families outside traditional working hours. County departments are using facilitators to lead child and family team meetings. The Division offers facilitator training as well as family centered practice training.

The SDM tools indicate the level of risk present in a family, and the Division has developed case load standards regarding the required frequency of contact for in-home cases since our last CFSR. We have also reduced our supervisor to worker ratio to 1 : 5, which allows more time to meet regularly with social work staff in order to ensure adherence to law, policy, and standard; to provide training; to evaluate staff performance; to process client-specific issues; to answer questions; to request outside consultation as needed; and to support their staff's best practice. Our social worker ratio in child protective services is 1: 10. Contact with community partners or others having knowledge of family dynamics occurs most frequently in the family's presence. This has presented a challenge for some community partners, as it is a significant change in practice.

Community Based Child Abuse Prevention Programs in N. C. are co-located at the Division of Social Services with child protective services, foster care, and adoption services. All county departments have access to family preservation services.

Unmet domestic violence, substance abuse, and mental health needs have been identified by stakeholders as primary contributors to repeat maltreatment across the state. Since the state began collecting data about contributory factors to founded CPS assessments in February 2006², 18.87%

² North Carolina has collected information regarding contributory factors for entering out-of-home placement to comply with AFCARS reporting requirements since they were instituted. In February 2006, the state began

of all founded CPS reports cited domestic violence as the *primary* household contributory factor, and 16.85% of all founded CPS reports cited substance abuse as the *primary* caretaker contributory factor. This data only takes into account cases where substance abuse or domestic violence was listed by the social worker as the primary contributory factor. The state expects that substance abuse and domestic violence actually occur at a much higher rate to substantiated cases of abuse and neglect when multiple contributory factors are considered. In an attempt to identify these issues earlier, universal screening for domestic violence and substance abuse occur at intake. Since the last CFSR, a comprehensive domestic violence policy was developed through a multidisciplinary work group. Comprehensive domestic violence training has been offered regionally to all 100 counties. The North Carolina Director's of Social Services Association is leading efforts to develop a domestic violence regional model to strengthen service delivery at the community level. There remain some counties who do not have domestic violence shelters or batterer treatment programs, and the regional model will build capacity.

Children under age three who are substantiated or found in need of services are referred to Children's Development Services Agencies for a full developmental evaluation when necessary. In SFY 2004, referrals from all sources were approximately 4,000, by SFY 2005, the referrals have increased to 17,000.

These efforts helped to contribute to our steady decline in rates of repeat maltreatment since our last CFSR. According to the data profile, 92.1% of all children in North Carolina did not experience repeat maltreatment in FFY 2004 and 93.3% did not experience repeat maltreatment in FFY 2005. Data we publish on our Experiences Report website (<http://ssw.unc.edu/cw>) also reflects this decline.

State Fiscal Year	Recurrence of Maltreatment
2001	7.51%
2002	7.95%
2003	7.60%
2004	7.24%
2005	5.73%

Our rates of repeat maltreatment have been affected by the implementation of MRS, since many children that may have previously been substantiated for neglect and now being found "services needed" (i.e. an alternative response victim) and are thus no longer included in the numerator or denominator of this measure. An analysis by researchers at UNC-Chapel Hill indicated that excluding alternative response victims from the analysis artificially inflates North Carolina's rate of repeat maltreatment, because those children with findings of services needed are likely involved in less serious incidents of maltreatment and therefore less likely to have a second contact with the child welfare system. UNC's analysis was not complete at the time this report is being written, but North Carolina looks forward to building on their methodology to analyze issues of repeat maltreatment regardless of assessment track in the future.

collecting contributory factors for substantiated cases of abuse and neglect. Future NCANDS submissions will now include contributory factors data.

Analyzing recurrence of maltreatment data for specific populations of children indicates that children age 13-18 have a *lower than average* likelihood of repeat maltreatment, Native American children have a much *higher than average* likelihood of experiencing repeat maltreatment, and Hispanic children are more likely than non-Hispanic children to experience repeat maltreatment. NC has an ongoing partnership with the Cherokee tribe and is consulting with the National Resource Center for Organizational Improvement in order to strengthen collaboration with tribes in NC. The repeat maltreatment issue will be explored with the tribe and county DSS's. There are no significant differences based on gender or county size.

Repeat Maltreatment by Age, Race and Ethnicity			
	SFY 2003	SFY 2005	SFY 2006
All Children	7.24% (1053/14545)	5.73% (737/12852)	5.46% (593/10851)
0-5 years	7.99% (458/5733)	6.30% (327/5189)	5.94% (275/4629)
6-12 years	6.98% (377/5403)	5.65% (267/4723)	5.72% (223/3896)
13-18 years	6.58% (211/3209)	4.98% (139/2793)	4.20% (94/2239)
Caucasian	7.85% (704/8965)	6.12% (486/7942)	5.92% (403/6806)
African-American	5.86% (283/4832)	5.17% (220/4253)	3.83% (128/3338)
Native American	11.48% (40/348)	5.33% (18/338)	11.92% (44/369)
Other	6.50% (26/400)	4.08% (13/319)	5.36% (18/336)
Hispanic	7.77% (98/1261)	4.45% (53/1190)	6.36% (68/1070)
Non-Hispanic	7.19% (955/13284)	5.87% (684/11662)	5.37% (525/9779)

State biennial CFSR results indicate that of 1,235 cases reviewed from July 2003 – June 2005, 97% were rated as a strength regarding this measure, while 98% of 702 cases reviewed from July 2005 – June 2006 were rated as a strength.

An evaluation by Duke University of North Carolina's Multiple Response System, which compared the original 10 MRS pilot counties to 9 control counties, found that the proportion of children who received a CPS assessment who were re-assessed within six months (independent of whether the case was substantiated at either point) decreased significantly in both MRS (average decrease .6%) and control counties (average decrease .5%)³.

The Duke evaluation also found that the 10 MRS pilot counties significantly increased the average number of frontloading service minutes three years after the initiation of MRS (pre-MRS 344 minutes per child, post-MRS 441 minutes per child). Frontloading of services minutes means that families are being assessed and services are being provided during the assessment, earlier in the life of the case. Counties are not waiting until the point of case decision to provide supportive services or make community referrals. When compared to control counties, the average increase in the number of frontloading minutes was significantly higher in MRS counties than in control counties (MRS counties 117 minute increase, control counties 12 minute increase). **This pattern indicates that the initiation of MRS is associated with an increase in the average number of frontloading minutes that a family receives.**

³ Terry Sanford Institute of Public Policy, Center for Child and Family Policy (2006). Multiple Response System (MRS) Evaluation Report to the North Carolina Division of Social Services. Accessed on the World Wide Web at http://www.dhhs.state.nc.us/dss/publications/docs/mrs_eval_rpt_6_30_06_all_combined.pdf

The increase in frontloading of services was especially significant because the evaluation found that families that were assessed and received more frontloaded services during the assessment period were less likely to be re-assessed in the next six months than were families that received fewer front-loaded services. Frontloaded services also significantly reduced the likelihood that a child substantiated for neglect would come back into the system for another assessment within six months of a case decision.

State Collaborative stakeholders have expressed concern that access to mental health services have been complicated by divestiture of mental health services in North Carolina. Access is more problematic in certain regions of our state. The Division of Mental Health and the Division of Social Services recently addressed accessing service for immediate mental health needs, as this was not clear at the county level.

Key collaborators in the effort to reduce repeat maltreatment include county departments, family members, and all community providers; child protection is a community issue. System of Care survey results indicate that, according to family members, their voice is being heard with increasing frequency and they are participating in the development of service agreements. We have every reason to think that we will continue to improve in this area; as counties who are implementing MRS later begin to recognize the benefits of frontloading services through the implementation of child and family teams to develop service agreements, we believe the momentum will continue. The NC Departments of Health and Human Services and Public Instruction are implementing a school-based Child and Family Support Team Initiative to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect their academic performance. The Initiative was developed through the leadership of the Office of the Governor and funded and authorized by NC Session Law 2005-276, the 2005 Appropriations Act. It requires collaboration between the Department of Health and Human Services (Division of Social Services, Division of Mental Health/Development Disabilities/Substance Abuse Services, and Division of Public Health), Department of Public Instruction, State Board of Education, Department of Juvenile Justice and Delinquency Prevention, Administrative Office of the Courts, and any other State agencies that provide services for children. These agencies are required to share responsibility and accountability to improve outcomes for children and their families. We are encouraged that the Initiative, in place in 101 schools is implementing a child and family team approach and focusing on family involvement. Child safety and well-being needs are interwoven, and any opportunity to address these needs earlier rather than later is welcomed.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

Our alternative response system, MRS is designed to build on the strengths of the family and to offer services in a less adversarial manner. Family involvement is required to deliver services;

parents must participate in the completion of the SDM tools which evaluate risk, safety, strengths and needs. Parental involvement in the completion of a service agreement is assured through the requirement of a child and family team meeting. Practice is reflective of policy with the reality that not all counties are fully implemented. MRS is a culture change and there are growing pains within county agencies and communities. Practice is impacted by the acceptance of family centered principles. The incorporation of family centered practice principles is being accomplished through targeted training, policy revision, and monitoring through our Children's Program Representatives and Quality Assurance Reviewers.

Since our last CFSR, NC applied for and is one of nine sites that received funding for a System of Care Grant Demonstration from the Children's Bureau. The grant was implemented purposefully in three pilot MRS counties; Alamance, Bladen, and Mecklenburg. Although it is too early in the grant to draw clear associations between the effectiveness of SOC and improvements on the Federal Outcome Measures, all three counties have lower rates of repeat maltreatment as compared to the state as a whole. We believe SOC principles as implemented in these counties are keeping children safer in their own homes.

State biennial CFSR results indicate that of 1,124 cases reviewed from July 2003 – June 2005, 86% were rated as a strength regarding this measure, while 82% of 694 cases reviewed from July 2005 through June 2006 were rated as a strength.

Although we do not submit data for data profile elements III and IV, it is NC's policy that all children substantiated for abuse and/or neglect or found services needed are opened for services. Further, only a very small proportion of children entering foster care do so for voluntary placement reasons and the rest originate from a maltreatment report.

North Carolina offers many community-based services to ensure that families are able to protect children in their home and to prevent entry into foster care. Since the last Review, Intensive Family Preservation Services (IFPS) and Reunification have been expanded and are now available in all 100 counties.

- **Intensive Family Preservation Services** are offered statewide and are available to families with at least one child at imminent risk of removal from the home. Services are provided to the family primarily in their home and workers are available 24/7 to fit the family's needs. In SFY 2005, 27 programs provided services to 982 children.
- **Less Intensive Family Preservation Services** are available to families with children at risk of current or future role dysfunction. Services are provided to the family primarily in their home and workers are available 24/7 to fit the family's needs. In SFY 2005, there were 9 programs served 254 children.
- **Time Limited Reunification Services** are offered statewide and are provided to families who have a child who has been removed from the home and is in legal DSS custody in a foster care placement (including family foster care, group care, residential settings, or kinship care). Services are provided to the family primarily in their home and workers are available 24/7 to fit the family's needs. Services can be for a maximum of one year and must occur within 15 months after the child was taken into custody. In SFY 2005, 19 programs provided services to 118 families including 156 caretakers and 235 children.
- **Family Resource Centers** are prevention programs in the hope that a family who is able to access assistance through a FRC may avoid becoming a CPS family at a later time. FRCs are required to do a Community Needs Assessment that allows them to tailor services to fit

the needs of their community. They are physically located in high risk neighborhoods in order for those in the community most at risk for child abuse and neglect to have the easiest access to the facilities, although anyone is welcome.

- **Respite Programs** offer a much needed break for parents and caregivers, particularly of special needs children.
- **Adoption Promotion & Support Programs** are offered statewide and are designed to assist communities with recruiting potential adoptive families and after an adoption to support and strengthen the family unit to prevent possible disruption and/or dissolution of the adoption.

All programs are evaluated by our University Partners (UNC-Chapel Hill or Appalachian State University) annually. All evaluations use an assessment instrument, the North Carolina Family Assessment Scale, or a derivative thereof. This scale provides information on family functioning on a variety of areas relevant to the specific service being provided. The IFPS evaluation uses the North Carolina Family Assessment Scale. Consistently each year there is a statistically significant relationship between family strengths on domains of the scale and placement prevention and ‘problems’ on other domains and out of home placement. IFPS has been shown to improve family functioning on all measured domains and thus increase placement prevention.

Accessing mental health services for families and children is a concern. Children are entering care at a higher rate in large part due to substance abuse. For example, in SFY 2001, 1,315 children entering out-of-home placement had substance abuse as a contributory factor for placement. By SFY 2006, that number had increased to 2,277 children. We also believe that our SDM tools have improved our assessment process and have led to earlier and more accurate identification of substance and mental health service needs. Improvement in the identification of risk, strengths, and needs may be contributing to an increase in the number of children entering care.

Item 4: Risk assessment and safety management. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

The structured decision making tools implemented after our 2001 Review require continual evaluation of safety and risk for both in-home and foster care cases. Safety is assessed and documented at the following intervals: the first face to face contact with the family, prior to allowing the child to remain in the home, prior to a removal from the home, prior to the return home when the caregiver temporarily places the child outside the home as a part of the safety response, when a new report is received, when safety issues are revealed, prior to case closure. The safety assessment includes the signature of the caregiver and a copy of the assessment is shared with the caregiver. A safety response is completed when any safety factors are revealed. When the response requires a safety resource, the safety resource also signs and receives a copy of the assessment. Risk Assessment updates shall be completed when the child remains in the home and in-home services are being provided or when the child is in placement and reunification is the plan. The Risk Assessment process is documented and completed at the following intervals; when court action is considered more than 30 days following the case decision, at least once every six months to assist in decision making concerning a child’s safety, health or well-being, within 30 days prior to the placement of the child back in the removal

home, when circumstances change around the risk issues, and within 30 days prior to closure to reflect a reduced risk level and support the decision to close the case.

Investigative assessments involving foster care providers require an immediate assessment of the risk of harm to all children in the care of the provider, and this must be documented in the child's placement record. Since the last Review, NC clarified through policy that any allegations received during the provision of in-home services that meet the required definitions of abuse/neglect require a thorough assessment and completion of all SDM tools. This also holds true for allegations received during the provision of foster care services.

Social work practice is monitored by county supervision, consultation with CPR's, and quality assurance reviews. State biennial CFSR results indicate that of 1,124 cases reviewed from July 2003 – June 2005, 94% were rated as a strength regarding this measure, while 90% of the 694 cases reviewed from July 2005 – June 2006 were rated as a strength.

According to the data profile, 99.01% of all children in North Carolina did not experience maltreatment in foster care in FFY 2004 and 99.18% did not experience maltreatment in foster care in FFY 2005. Data we publish on our Experiences Report website (<http://ssw.unc.edu/cw>) also reflects this decline.

State Fiscal Year	Percentage of Children that Experience Maltreatment in Foster Care
2001	.57%
2002	.38%
2003	.42%
2004	.58%
2005	.38%

There does not appear to be significantly different rates of maltreatment in foster care according to age, race, ethnicity, gender or county size.

Sixty-five percent of respondents to the foster parent survey agreed that they felt assured for the safety of all family members, and 63.6% of youth surveyed said they felt safe in their placement (31.8% of youth responded neutrally to this questions).

According to DSS data, 67 licensed foster homes were cited for child abuse and/or neglect in calendar year 2004, 34 licensed foster homes in annual year 2005, and to date 18 licensed foster homes have been substantiated for abuse and/or neglect in calendar year 2006. The decrease is happening, even as the number of children in out-of-home care has grown every year. Our regional Children's Program Representatives provide consultation to counties prior to case decision to ensure consistency throughout the state. Factors contributing to this decrease may include: contract with the Foster and Adoptive Parent Association to provide services to foster families and increase in the number of licensing staff which affords the opportunity for increased face to face contact.

Our official child abuse fatality statistics are kept by the Office of the Chief Medical Examiner in North Carolina. Since SFY 2001, child fatalities as a result of “child abuse homicide” have increased in North Carolina⁴. In 2005, nearly 90% of children that died as a result of child abuse homicide were under four years of age. Blunt force head trauma or abusive head trauma was present in nearly 60% of the deaths. Other causes of death included battering, lack of newborn care, trauma to abdomen, asphyxiation, hyperthermia, hypothermia, drowning, stabbing, complications from malnutrition, and scald injuries.

State Fiscal Year	Child Fatalities as a Result of “Child Abuse Homicide”
2001	22
2002	27
2003	30
2004	31
2005	37

The Division of Social Services has the responsibility to convene a State Child Fatality Review Team to conduct in-depth reviews of the child fatality which occurred involving children and families involved with local Departments of Social Services child protective services in the 12 months preceding the fatality. The purpose of the reviews is to implement a team approach to identifying factors which may have contributed to conditions leading into the fatality and to develop recommendations for improving coordination between local and State entities which might have avoided the threat of injury or fatality and to identify appropriate remedies. Representatives include: Division of Social Services, county department of social services, local Community Child Protection Team, local Child Fatality Prevention Team, local law enforcement, a medical expert, and a prevention specialist.

During SFY 2005, 40 final fatality review reports were issued following completion of the reviews, 24 reports were on deaths that occurred prior to SFY 2005. The Division of Social Services identified 60 (31%) child fatalities that met the criteria for a State Child Fatality Review Team review out of 192 deaths reported. Out of the 60 deaths, neglect was suspected to have contributed to the fatality in 43 cases while abuse was suspected to have contributed in 17 cases. Seven major themes emerged: the need for DSS to improve compliance with policy, legal community’s need to improve timeliness and thoroughness, Community Child Protection Teams becoming fully engaged family advocates within the community, unavailability or lack of individualized mental health services, collaboration with medical providers, safe sleeping, and non-compliance with mandatory reporting laws. The following steps have been taken to address these concerns: NCDSS continuously clarifies policy and does so in conjunction with county staff through work groups, continued partnership with the Court Improvement Project, plan to strengthen supervision of CCPT’s through leadership of a new manager, many county DSS agencies are becoming mental health service providers or contracting for those services, the Child Medical Evaluation Program and a treatment program for sexually abused children are in place, NCDSS is a member of the Child Fatality Task Force; where the perinatal committee is

⁴ Kocis, E. & Radisch, D. (2005). Child Fatalities in North Carolina Residents, 2004: Age Birth Through 17 Years.

addressing the safe sleep issue, and NCDSS contracts with Prevent Child Abuse North Carolina to increase public awareness regarding mandatory reporting.

MRS system reform efforts focus on collaboration with family members, internal stakeholders, and stakeholders within the community. Since the last review, county agencies are armed with the SDM tools, the requirement to hold child and family team meetings, as well as policy which addresses domestic violence and drug endangered children. In 2004, DSS entered into a contract with the Administrative Office of the Courts (AOC) that provides access to the Automated Criminal/Infraction System (ACIS). This contract helps ensure the safety of children by allowing individual staff from county DSS agencies to conduct criminal records checks on foster and adoptive parents, potential social workers, parents, guardians, custodians, and caretakers substantiated for abuse, neglect, or dependency, caregivers under Child Protective Services Investigation, and caregivers responsible for children in Foster Care.

B. Permanency

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster care re-entries. How effective is the agency in preventing multiple entries of children into foster care?

The goal is to keep families intact, and MRS is having an impact through the provision of services earlier in the life of the case. When out of home placement can not be avoided, NC policy stresses community-based placement with relatives whenever possible.

NC uses a structured kinship care assessment to evaluate relative/kin placements. The child and family team model of intervention includes the family and their support systems early in the case. The Division, in partnership with the Administrative Office of the Courts is able to check criminal records of all potential caregivers, which contributes to a more thorough assessment. NC is implementing the second phase of our IV-E Waiver, and we have seen increases in assisted guardianship as a permanency option, with 100 children exiting to assisted guardianship as of September 2006.

State biennial CFSR results indicate that of 423 cases reviewed from July 2003 – June 2005, 96% were rated as a strength regarding this measure, while 71% of 242 cases reviewed from July 2005 – June 2006 were rated strengths. It is our belief that we are placing children with more significant needs who represent a real challenge to foster care providers and have a tendency to re-enter the system, as they are difficult to serve.

Preventing re-entry into foster care is a strength for North Carolina. According to our data profile, of all children discharged from foster care (FC) to reunification in the 12-month period prior to FFY 2005, only 2.3% re-entered FC in less than 12 months from the date of discharge. These positive outcomes are partially mitigated by the fact that North Carolina's does not assign a unique statewide identifier for children. Currently, individual counties assign identifiers, such that if a child re-entered foster care in a new county within 12 months of reunification, the second county would assign a new identification number to that child and our data would show that child as a first-time entry into foster care. Despite the fact that individual counties assign

their own unique identifiers, counties are able to see the history of children's contact with the child welfare system statewide through name and soundex searches in our MIS system.

North Carolina recognizes the lack of unique statewide identifiers as a serious data quality issue. There is currently a work group underway to start addressing the issue of assigning unique identifiers statewide. We hope to accomplish this task within Federal Fiscal Year 2007.

According to North Carolina's data profile, a greater percentage of children re-entered foster care in FFY 2005 (2.3%) as compared to FFY 2004 (1.6%). According to our internal data, the percentage of children re-entering foster care within twelve months is as follows:

State Fiscal Year	Percentage of Children Re-Entering Foster Care within 12 Months
2001	3.86%
2002	3.79%
2003	3.65%
2004	2.88%
2005	3.53%

In examining re-entry measures by age, race, ethnicity, and gender, it appears that older children are more likely than average to re-enter foster care within twelve months, as are non-White children, and non-Hispanic children. There appear to be no significant differences based on gender. Large, metropolitan counties are also more likely to experience re-entries within 12 months, as compared to small rural counties. These demographic trends are almost the exact inverse of children's likelihood to reunify with caretakers within twelve months demonstrating the difficulty of achieving positive outcomes regarding timeliness and permanency of reunification simultaneously.

Percentage of Children Re-Entering Foster Care within 12 Months by Age, Race and Ethnicity			
	SFY 2004	SFY 2005	SFY 2006
All Children	2.88% (171/5931)	3.53% (228/6451)	3.84% (249/6480)
0-5 years	2.66% (79/2973)	3.11% (99/3179)	3.33% (110/3306)
6-12 years	2.81% (46/1639)	3.50% (62/1774)	4.16% (75/1805)
13-18 years	3.50% (46/1313)	4.48% (67/1496)	4.70% (64/1363)
Caucasian	3.07% (101/3286)	2.96% (108/3651)	3.48% (130/3740)
African-American	2.44% (57/2334)	4.49% (112/2495)	4.40% (107/2430)
Native American	4.86% (9/185)	4.44% (6/135)	5.06% (8/158)
Other Races	3.20% (4/125)	1.18% (2/170)	2.63% (4/152)
Hispanic	2.92% (14/480)	2.50% (14/560)	1.38% (8/579)
Non-Hispanic	2.88% (157/5450)	3.63% (214/5891)	4.08% (241/5901)
Small Counties	2.08% (46/2215)	2.23% (57/2551)	3.14% (76/2420)
Medium Counties	3.36% (89/2650)	4.15% (115/2771)	4.71% (135/2864)
Large Counties	3.31% (35/1059)	4.88% (55/1126)	3.10% (37/1192)

In addition to a cross-sectional view of re-entry into foster care, North Carolina also tracks cohorts of children who enter DSS custody longitudinally. The following chart shows information regarding the rate at which children in each cohort achieve a permanent placement (not limited to reunification), but later reenter placement authority. The rate of reentry for each cohort is based on the total number of children in placement authority for each cohort, the number who left placement authority, and the number who reentered placement authority for a second time (not limited to within a year of permanency). Over time, North Carolina has seen improvements in this measure.

Cohort Entering Custody for the First Time during State Fiscal Year	Re-Entry into DSS Custody
1999	10.02%
2000	10.32%
2001	9.17%
2002	7.67%
2003	7.46%
2004	N/A*
2005	N/A*

*Not enough time has passed to accurately assess re-entry rates.

NC recognizes that exploring re-entry rates and the relationship between substance abuse issues of parents and whether re-entry rates are being impacted by a quick return home followed by re-entry would be helpful.

Through the community-based programs team, North Carolina does offer Family Reunification Services, as well as ongoing support for families through Family Resource Centers. At this point, evaluations of those programs have not addressed their impact on re-entry rates, although future evaluation efforts may do so.

Permanency mediation through AOC and the use of family courts are promising strategies in NC. The Commission for the Future of Justice and the Courts (the "Futures Commission") recommended the establishment of Family Courts in its 1996 report, *Without Favor, Denial or Delay*. The 1998 legislation establishing the Department of Juvenile Justice and Delinquency Prevention included authorization for the Administrative Office of the Courts to establish family courts on a pilot basis. Such courts are to follow the family court guidelines set forth in the 1996 report of the "Futures Commission." The three original pilot sites are District 14 (Durham County), District 20 (Anson, Richmond, Stanly, and Union Counties), and District 26 (Mecklenburg County). By 2001, North Carolina had added five more Family Court sites: District 12 (Cumberland County), District 6A (Halifax County), District 5 (New Hanover and Pender Counties), District 8 (Wayne, Lenoir and Greene Counties) and District 25 (Burke, Caldwell and Catawba Counties). In 2004, funds were allocated to implement Family Court in District 28 (Buncombe County), and in 2005, for implementation of District 10 (Wake County). With the legislative split in District 20, there are currently eleven Family Court sites.

A major goal of Family Court is to coordinate all the case management and service agency efforts for a single family in distress. Family Courts offer a more consistent, efficient use of trial time for these cases. Special family court judges hear all cases involving juvenile delinquency charges; neglect and abuse charges; termination of parental rights and adoptions; domestic violence; child custody and visitation rights; divorce and related financial issues like child support, alimony, or equitable distribution of property; and involuntary commitments.

Under the Family Court concept, local alternative dispute resolution programs, such as mediation, are used frequently to resolve the issues without the court issuing a judgment or order. The case managers will arrange for mediation between the parties, or divorce education, or drug counseling, or whatever services the family members (adults and children) might need to reach a resolution of the conflicts without having to proceed with an adversarial hearing in court. When a judge does need to hear matters involving that family and to issue orders in the case, the case managers will make sure that there is nothing in that case that will delay the prompt resolution of the issue before the court. In addition, frequent training sessions are provided for the family court judges to increase their judicial expertise in dealing with family matters.

Item 6: Stability of foster care placement. How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

NC is committed to the development, implementation, and evaluation of an outcome-based model of service to children and families that values each child's need for safety, love, care, and the stability of a permanent family. Since the last review, MRS implementation began and SDM tools are being used. MRS outcomes around safety are more clear than permanency, and more attention has been given to the front-end of our service delivery. As we are reforming our agencies internally through MRS, we are also working on community reform through System of Care.

State biennial CFSR results indicate that of 423 cases reviewed from July 2003 – June 2005, 97% were rated as a strength regarding this outcome measure, while 98% of 242 cases reviewed from July 2005 – June 2006 were rated as strengths. NC recognizes these results are contrary to federal outcome measures. The interview process in the CFSR allows for further explanation and data profiles do not, which may account for the discrepancy in results.

North Carolina continues to struggle with issues regarding placement stability. The state scored 52.4 on Permanency Composite IV – Placement Stability. According to the data composite, in FFY 2005 only 55.3% of all children served in foster care for at least 8 days but less than 12 months had two or fewer placement settings, 32.4% of all children served in foster care for at least 12 months but less than 24 months had two or fewer placement settings, and 11.7% of all children served in foster care who were in care for at least 24 months had two or fewer placement settings.

While North Carolina believes it could improve placement stability for children in foster care, we also believe that our AFCARS mapping regarding the number of placements was flawed. The AFCARS data was re-programmed for the 2006B data submission and we believe the data from FFY 2006 will more accurately reflect placement stability in North Carolina. Further, we

suspect that social workers in the counties are not always coding placement moves correctly and are thus mistakenly inflating the number of placement moves children in DSS custody are experiencing. We plan to revise our MIS and SIS system manuals to give clearer instructions to social workers and data entry clerks, as well as to begin conducting training around this issue early in 2007.

North Carolina has also undertaken efforts to re-produce the Federal Outcomes Measures on the Experiences Report public website. Because we believe there are data entry coding errors associated with placement information, we suspect that our internal data might also inaccurately inflate the numbers of placements that children experience. According to our internal data, the percentage of children who have been in foster care for twelve months or less that have experienced two or fewer placement settings are as follows:

State Fiscal Year	Percentage of Children in Foster Care for 12 Months or Less Who Have Experienced 2 or Fewer Placement Settings
2001	80.36%
2002	79.62%
2003	80.46%
2004	81.23%
2005	80.77%

In examining placement stability measures by age, race, ethnicity, and gender, it appears that older children are more likely than average to experience placement moves. There appear to be no significant differences based on race, ethnicity, or gender.

Percentage of Children in Foster Care for 12 Months or Less Who Have Experienced 2 or Fewer Placement Settings by Age			
	SFY 2004	SFY 2005	SFY 2006
All Ages	81.23% (4847/5967)	80.77% (5238/6485)	81.26% (5294/6515)
0-5 years	86/64% (2593/2993)	84.46% (2702/3199)	84.10% (2793/3321)
6-12 years	81.23% (1333/1641)	82.50% (1466/1777)	83.13% (1503/1808)
13-18 years	68.95% (915/1327)	70.94% (1069/1507)	71.96% (993/1380)

In addition to a cross-sectional view of re-entry into foster care, North Carolina also tracks cohorts of children who enter DSS custody longitudinally. The following chart shows information regarding the number of placements reported for each cohort of children in placement authority. Placement stability excludes short-term placements such as respite care, hospital visits, etc. Thus, the "No countable placements" category reflects those children who did not experience any placements that counted as moves. The following are specific living arrangement codes for placements that were **not** counted as moves: Own Home, Home of Parents(s), Children's Camp, Hospital, Supervised Independent Living Arrangement, Maternity Home, Jail, Lock-up, Detention Facility, Trial Home Visit, Runaway, and Respite.

Type	SFY00_01	SFY01_02	SFY02_03	SFY03_04	SFY04_05
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	Full Yr	Full Yr	Full Yr	Full Yr	Full Yr
Number of children	4906	5152	5273	5570	6006
1 placement	35%	35%	34%	38%	38%
2 placements	24%	24%	25%	23%	26%
3 placements	13%	13%	13%	12%	14%
4 or more placements	25%	24%	24%	23%	19%
No countable placements	3%	3%	4%	3%	3%

The number of children that experience 4 or more placements has remained fairly constant since the SFY 2000 entry cohort. North Carolina recognizes that the state would benefit from further analysis of the characteristics of these children in an effort to learn how to increase placement stability for future cohorts of children entering DSS custody. Specifically, North Carolina would like to explore whether there is more stability in certain types of placements, such as kinship versus non-relative foster homes, and whether certain regions of the state do a better job with regard to placement stability so that the rest of the state may learn from their successes.

Many county agencies do use temporary placement resources prior to placement in a foster home or facility. Information gathered from stakeholders indicates that at times, placements are made because a bed is available, not because the child and the placement resource are a good match. Other concerns shared include: worker to child ratio is too high, placement resources that would take any child are gone, as they have adopted children, there is a big difference in therapeutic versus regular foster home reimbursement, contact between the social worker and the foster parents is not always adequate – which leads to the foster parent feeling frustrated and not supported, there is a need for more support services – training, respite, conflict resolution.

NC has a strong relationship with our court system. Family Court Pilots were implemented in the following counties: Greene, Lenoir, Wayne, Anson, Richmond, Union, Stanly, Burke, Caldwell, Catawba, Halifax, and Durham. Evaluation findings indicate that children in Family Court sites experienced significantly fewer placements, fewer non-family placements, and shorter lengths of stay in out-of-home care. Findings also indicate that permanency was achieved more quickly in Family Courts.

Item 7: Permanency goal for child. How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Child and Family Team meetings and shared parenting contribute towards effective practice; as we are engaging all involved in a collaborative manner. Goal oriented casework ensures that all activity is focused on achieving permanency. Goal oriented casework also ensures that all permanency options are explored at the same time in the event that reunification is not possible.

State biennial CFSR results indicate that of 423 cases reviewed from July 2003 – June 2005, 93% were rated as strengths regarding this outcome measure, while 96% of 242 cases reviewed from July 2005 – June 2006 were rated as strengths.

Of all children in foster care in FFY 2005, 55.9% had a permanency goal of reunification, 6.8% had a goal of live with other relatives, 27.0% had a goal of adoption, 1.9% had a goal of emancipation, 7.5% had a goal of guardianship, and .8% had not yet had a case plan goal

established. In NC, there are three statutory exceptions to filing a TPR: child is being cared for by a relative, state has documented a compelling reason that filing a petition is not in child's best interest, the situation requires that non-offending parent be provided reasonable effort to reunify and those efforts have not been provided. We are currently unable to track that data; however NC FAST will address this issue.

Of the cohort of children that entered foster care in FFY 2005, 76.8% had a permanency goal of reunification, 6.1% had a goal of live with other relatives, 8.5% had a goal of adoption, .8% had a goal of emancipation, 6.5% had a goal of guardianship, and 1.3% had not yet had a case plan goal established.

NC is in the second phase of our IV-E Waiver and we have noted an increase in subsidized guardianship – the majority of children achieving permanency through guardianship are teenagers. Again, 100 children have exited to assisted guardianship, with Mecklenburg County leading the state with 48 children.

Long-term foster care is not a permanency option in NC; we have the responsibility of never giving up on permanency. Early permanency planning is a key element, and the agency focuses on the identification of relative and kin at the initial contact – again the child and family team meeting emphasizes this early planning. Shared decision making is crucial to achieving permanency and includes the family, relatives, judges, attorneys, and guardian ad litem. Permanency options include: reunification, adoption, guardianship, legal custody and emancipation. Specific rights and responsibilities of the legal custodian are defined by court order. NC uses concurrent permanency planning – working towards a primary permanency plan while developing at least one alternative. Concurrent planning is used to keep the focus on the child's urgent needs for safety and permanency and to reduce the length of time a child spends in foster care.

NC's juvenile court system is a key collaborator working to achieve permanency for youth. Promising approaches include the use of mediation and family courts. In June 2006, a training plan for permanency mediators was put forth by North Carolina's Administrative Office of the Courts. The plan calls for dividing the state into 9 Permanency Operational Districts, in which 50-55 mediators statewide will be trained. The pilot for this program will begin in counties where permanency mediation already exists as an established program: Mecklenburg, Buncombe, and Gaston counties. The mediation program will expand from there. In 2006, the Division also hired a permanency coordinator who will lead our policy, training and consultation with counties regarding the achievement of permanency for all children.

Feedback from State Collaborative stakeholders indicates that when we really work cases before children enter care, the move to permanency happens more quickly, and that MRS is helping do better work up-front. There is a move to teamwork, team planning, community involvement - which leads to shared decision making, and SOC efforts are helping.

Legal and judicial stakeholders generally felt DSS and the courts were effective in regard to making and meeting case plan goals. Seventy percent agree that disposition orders, including court approved case plans, map out a clear plan for family involvement. Of the youth in foster care that responded to the survey, 63.7% felt they had a say in their permanency plan. Fifty-five percent of the foster parents surveyed agreed that they had input into the permanency plan for the child(ren) in their home.

Many county agencies expressed concern regarding the loss of federal IV-E funding for social worker time with non-licensed relatives. Many counties are moving to license these relatives, but are concerned that some rules may prevent licensure. Criminal record checks are cited as a concern that may prevent licensure, as well as relatives expressing a lack of interest in becoming licensed to care for kin, as it is seen as burdensome and not necessary.

Item 8: Reunification, guardianship, or permanent placement with relatives. How effective is the agency in helping children in foster care return safely to their families when appropriate?

Our vision includes: community-based support for all families, one coordinated assessment process, one caseworker or casework team, one single, stable foster care placement within the child's own community, and a safe and permanent home within one year for all children.

Reaching out to relatives from the very beginning is stressed. Our structured intake tool requires reporters to share information about any known relatives or kin. Supervisors provide guidance to social workers with an emphasis on targeted services to return children home, or to relatives. Practice and performance have been impacted since our PIP, as the implementation of child and family teams allows for effective, front-loading of services and serves to reiterate that child safety and permanency are community issues.

State biennial CFSR results indicate that of 423 cases reviewed from July 2003 – June 2005, 99% were rated as strengths regarding this outcome measure, and 99% of 242 cases reviewed from July 2005 – June 2006 were rated as strengths.

North Carolina exceeds the Federal standard on Permanency Composite 1. North Carolina does well on the permanency composite mostly due to the state's low-rate of re-entry into foster care – a number somewhat tempered by the fact that North Carolina does not assign unique identification numbers to children statewide, but rather on an individual county basis. This leads to under-reporting of re-entry into foster care numbers and is an issue North Carolina is currently addressing (see Item 24). Through a contract with the University of North Carolina - Chapel Hill, the state has attempted to re-create re-entry rates using data matching techniques. When doing so, it appears that the state still meets the Federal Standard, although that analysis has not been finalized.

According to North Carolina's data profile, North Carolina improved with regard to the percentage of children exiting foster care that were reunified in twelve months from 69.6% in FFY 2004 to 72% in FFY 2005. Examining entry cohorts shows a similar pattern. Similarly, the median length of stay for children exiting to reunification declined from 6.7 months in FFY 2004 to 6.4 months in FFY 2005. North Carolina has also undertaken efforts to re-produce the Federal Outcomes Measures on the Experiences Report public website. According to our internal data, the percentage of children exiting foster care who reunified with their caretakers in twelve months or less is as follows:

State Fiscal Year	Percentage of Children Exiting Foster Care who were Reunified in 12 Months or Less
2001	59.56%

2002	60.41%
2003	61.58%
2004	62.89%
2005	60.09%

In examining reunification measures by age, race, ethnicity, and gender, it appears that older children are more likely than average to be reunified within twelve months, as are Caucasian children, and Hispanic children. There appear to be no significant differences based on gender. Small, rural counties have fewer children reunified in twelve months than large, urban counties, which NC believes is a result of fewer court dates in the smaller counties. Reunification services are available in all 100 counties, although in SFY 2005 only 36 counties took advantage of these services. The 36 counties that utilized Family Reunification services tended to be the state's larger, metropolitan counties. It is also interesting to note that the demographic trends regarding re-entry into care are the inverse of children's likelihood to reunify with caretakers within 12 months, which demonstrates the difficulty of achieving positive outcomes regarding timeliness and permanency of reunification simultaneously.

Percentage of Children Exiting Foster Care who were Reunified in 12 Months or Less by Age, Race and Ethnicity			
	SFY 2004	SFY 2005	SFY 2006
All Children	62.90% (1519/2415)	60.09% (1522/2533)	61.31% (1540/2512)
0-5 years	66.34% (668/1007)	58.66% (606/1033)	60.99% (680/1115)
6-12 years	54.28% (412/759)	56.20% (449/799)	56.75% (416/733)
13-18 years	67.60% (436/645)	66.57% (466/700)	66.82% (443/663)
Caucasian	64.11% (877/1368)	60.96% (815/1337)	62.62% (923/1474)
African-American	60.13% (558/928)	58.59% (583/995)	58.65% (529/902)
Native American	78.69% (48/61)	54.43% (43/79)	53.33% (40/75)
Other Races	62.07% (36/58)	66.39% (81/122)	78.69% (48/61)
Hispanic	77.19% (203/263)	61.04% (152/249)	63.06% (140/222)
Non-Hispanic	61.15% (1316/2152)	59.98% (1370/2284)	61.14% (1400/2290)
Small Counties	52.17% (432/828)	53.78% (512/952)	54.98% (508/924)
Medium Counties	68.38% (733/1072)	63.72% (685/1075)	63.84% (662/1037)
Large Counties	68.74% (354/515)	64.23% (325/506)	66.91% (370/553)

NC has several community based programs working towards reunification. Family Reunification Services are time-limited, home based, focus on building strong and stable families, strive to be culturally relevant and appropriate, are available during "non-traditional" work hours, and are delivered by workers with small caseloads. Children participating in FRS must be in the custody or under placement authority of the local DSS.

Treatment outcomes are favorable among families served by FRS programs. At the time of case closure, 43% of children served during the last seven years were living in the home and an additional 21% were living with relatives. Thus, a combined total of 64% of children were living with parents or relatives, compared to only 45% of children living with family members at case opening. However, at the time of case closure, 27% percent of children were living in foster care, and 4% were living in a group home setting. The data reveal that at the time of case closure

only 36% of families had experienced the successful reunification of *all* children in the home indicating that in many families some, but not all, children are reunited with parents. However, 13% of the families not intact at the time of case closure had a reunification pending at the next court date. To date, the evaluation has not examined the re-entry rates of children receiving Family Reunification Services. Future evaluation contracts may specify that this is one outcome measure that the state would like to explore further.

The data collected on the NCFAS-R indicates the FRS interventions are capable of improving family functioning across all measured domains, with 50% to 70% of families rated at “baseline or above” at case closure across the seven domains, compared to only 25% to 40% of families at case opening. Further, the validity of the scale is supported by findings that the measured improvements in family functioning are statistically significantly associated with family reunification.

Information gathered during this assessment indicates that a barrier to reunification is the lack of services available in some communities. Difficulties navigating our mental health system, which is undergoing system reform, and then accessing appropriate services have been expressed. Domestic violence and substance abuse are contributory factors towards the occurrence of abuse and neglect and remain issues, especially in rural communities.

The Administrative Office of the Courts is a key collaborator with the Division regarding the achievement of permanency. The Division appointed a staff member to participate in the Permanency Mediation Resource Group which is a network of individuals who represent the various stakeholders in the court process (as it relates to foster care and adoption proceedings, and effective July 2006, mediation of issues arising from a juvenile alleged or adjudicated to be abused, neglected or, dependent, or where a petition for termination of parental rights has been filed) to move forward the establishment of child permanency mediation programs across the state. NC is searching for alternatives to adversarial child protection proceedings. This method has been shown to expedite permanency for children by reducing the length of time children remain in foster care. This group is exploring ways in which these programs may be established including private and federal funding, lower cost programs, or lobbying efforts to move this up on the NC legislature’s agenda.

HB 1848, Omnibus Courts Act, was made law during the 2006 short session of the General Assembly. As the name indicates, this act’s purpose is to do a number of things including making technical corrections and adjustments to provisions affecting the courts. It added a new section to the Juvenile Code (GS 7B-202), authorizing the establishment of a Permanency Mediation Program to mediate issues arising from a juvenile who is alleged or adjudicated to be abused, neglected, dependent, or where a petition for termination of parental rights has been filed. AOC will begin funding mediation programs in January 2007.

Responses from the legal and judicial stakeholder survey indicate that North Carolina is successfully working to achieve timely reunification:

- 60% indicate that if reunification is the goal, the court takes decisive steps toward reunification, such as specifying a schedule and identifying steps;
- 63.3% of respondents agree that there are early paternity determinations;

- 66/6% of respondents agree that there are early notice and efforts locating fathers;
- 73.3% indicate that agency and family responsibilities are clearly specified;
- 73.3% indicate that clear guidelines for family reunification are set;

Though the responses in this area were overwhelmingly positive, the comments suggest further improvements are needed with setting guidelines. One respondent remarked “Many families don’t really understand what their responsibilities are. Sometimes the social workers assume the families understand when they don’t. Guidelines for reunification could be clearer.” Another responded “Guidelines should be more than a ‘check the box’ list of items for the parents to accomplish, orders should explain that not only do parents have to take parenting classes for example but they should also be able to exhibit changed behaviors/techniques before reunification can occur.”

The Division has collaborated with the North Carolina Court Improvement Project by inviting the program’s coordinator to attend some of the Child and Family Services Program Reviews. The Court Improvement Project coordinator has attended one CFSR, attended the CFSR Regional Training with Division staff during the week of August 13th and has agreed to participate as a reviewer in the Federal Child and Family Services onsite review in March 2007.

NC has been implementing a Family Court Pilot. A 2006 evaluation of the Family Court Pilot suggests that Family Court sites generally require fewer judges per child case, connect families with court resources such as counsel and Guardian ad Litem more quickly, limit the number of continuances granted which translates to fewer court days per completed hearing, and achieve case milestones (time from adjudication to first review, days from petition to first completed TPR hearing in cases that went to TPR) than did comparison District Courts.⁵

Item 9: Adoption. How effective is the agency in achieving timely adoption when that is appropriate for a child?

NC believes there is a permanent home for all children. To accomplish this goal, agencies provide for the diligent recruitment of potential adoptive families that reflect the ethnic and racial diversity of children in the state for whom adoptive homes are needed. Agencies provide prospective adoptive parents equitable access to the preparation and assessment process.

We continue to serve children across NC by making permanent legal connections to adoptive parents. During fiscal year 2005-2006, NC recorded 1420 public agency adoptions. These adoptions were accomplished by the efforts of public and private adoption agency and represent children who are the beneficiary of the North Carolina Adoption Subsidy program. The Special Children Adoption Fund, created by the General Assembly in 1997, has proven to be another valuable resource to children within the child welfare system. The 3.1 million dollar Fund can be accessed by local departments social services and participating licensed adoption agencies when they exceed their adoption baseline numbers. During fiscal year 2005-2006, of the 1420 total finalized adoptions, 346 adoptions were achieved as agencies exceeded their baselines and exhausted the Fund. In addition, The Special Children Adoption Incentive Fund continues to promote adoptions in North Carolina. This \$500,000 appropriation from the General Assembly

⁵ Kirk, Raymond S. and Griffith, Diane P. , Final Reassessment Report, Final Evaluation of the North Carolina Family Court Pilots

provides financial assistance to foster parents who are currently caring for children with more intensive needs and receive more than the standard foster care board rate to parent. This fund allows adoptive parents to receive the elevated board rate after the adoption, thereby removing the disincentive to adopt. Local county departments of social services and the State of North Carolina share in the monthly costs to administer this program. **108** children currently benefit from this program, with 14 being added during 2005-2006 fiscal year.

Since our last Review, law and policy changes have impacted adoption services. Revocation of consent and relinquishment for all children are now 7 days. Changes were made to paperwork procedures in the clerk's office in order to expedite the indexing of adoptions. Residency issues were addressed to assure school enrollment.

State biennial CFSR results indicate that of 423 cases reviewed from July 2003 – June 2005, 94% were rated as strengths regarding this outcome measure, while 95% of 242 cases reviewed from July 2005 –June 2006 were rated as strengths.

North Carolina exceeds the Federal standard on Permanency Composite 2: Timeliness of Adoptions. Further, the state exceeds national medians for each individual measure. In FFY 2005, 38.9% of all children in North Carolina that exited to adoption did so in less than 24 months, and the median length of stay until adoption was 27.6 months. Of children in care 17 months or longer at the beginning of FFY 2005, 22.2% were adopted by the end of the fiscal year and 14.2% of those children who were not already legally free for adoption became so within 6 months. Finally, 62% of all children who became legally free for adoption during FFY 2004 were adopted within 12 months.

According to North Carolina's data, the percentage of children exiting foster care who reunified with their caretakers in twelve months or less is as follows:

State Fiscal Year	Percentage of Children Exiting to Adoption in Less than 24 Months
2001	25.67%
2002	30.12%
2003	33.69%
2004	39.38%
2005	41.31%

In examining timeliness of adoption data by age, race, ethnicity, and gender, it appears that children between the ages of 6 and 12 are far less likely to be adopted within the 24-month timeframe. African-American children and Native American children are also less likely than Caucasian children to be adopted within the 24-month timeframe. Small, rural counties have fewer children adopted within 24 months than medium or large counties. There appear to be no significant differences based on gender or ethnicity. The Special Children's Adoption Fund is impacting the adoption of older children by making the option of adoption more financially feasible. NC recognizes that more African American children enter care, and stay longer than other children. Guilford and Wake County are leading the state in addressing this issue through the implementation of a Casey Breakthrough Series regarding racial disparities. The counties are mining their data, sharing that with staff, providing training, recruiting African American foster families, and involving community partners in the Initiative.

Percentage of Children Exiting to Adoption in Less than 24 Months by Age and Race			
	SFY 2004	SFY 2005	SFY 2006
All Children	39.38% (493/1252)	41.31% (480/1162)	36.52% (458/1254)
0-5 years	43.93% (391/890)	45.02% (384/853)	39.72% (390/982)
6-12 years	24.22% (78/322)	28.15% (76/270)	22.05% (56/254)
13-18 years	61.54% (24/39)	51.28% (20/39)	66.67% (12/18)
Caucasian	44.20% (320/724)	49.12% (335/682)	40.99% (316/771)
African-American	32.25% (159/493)	29.49% (128/434)	29.82% (133/446)
Native American	25.00 (6/24)	11.54% (3/26)	5.56% (1/18)
Other Races	72.73% (8/11)	70.00% (14/20)	42.11% (8/19)
Small Counties	33.85% (196/579)	34.49% (179/519)	33.69% (189/561)
Medium Counties	41.26% (203/492)	45.54% (230/505)	36.86% (188/510)
Large Counties	51.93% (94/181)	51.45% (71/138)	44.26% (81/183)

The Division continues to focus on placing older children and sibling groups who remain in the system. Efforts to increase adoptions include: performance-based contract with NCKids Adoption and Foster Care Network at the University of North Carolina at Greensboro for statewide general and child-specific recruitment efforts, family and child photolisting service, regular follow-up with interested adoptive families, and regular follow-up with social workers to assure that all children needing adoptive homes are included in the photolisting service; contracts with private agencies; incentives to both private and public agencies to recruit through the Special Children Adoption Fund; partnership with the Collaboration to AdoptUSKids; collaboration with other agencies in identifying and eliminating barriers to adoption; and support of the Recruiter's Network Organization which consists of representatives from counties and child placing agencies.

NC contracts to provide the following services targeted towards adoption promotion and support: Another Choice for Black Children; outreach campaign to educate communities about the needs, challenges, and joys of adopting children with special needs, training to assist families in meeting the needs of their children, services developed to support the placement and ensure that the family receives support and direction for as long as the services are needed/wanted, Children's Home Society; provides advocacy, information and referral services, support and services to adoptive families or potential applicants, with special attention to more rural areas, Martin County Community Action; counseling services to families who have successfully adopted a child or children to ensure the transition from foster care to permanency is as smooth as possible, to instill in children that it is their right to belong to a family unit that guarantees and provides safety in a nurturing environment, family and individual counseling, support groups, parent training, child and parent advocacy, life skills training, and supportive services, Mountain Youth Resources; program dedicated to facilitating the successful placement of all children, including those with special needs, older children, sibling groups, and medically fragile youth, pre-adoption training, comprehensive post-adoption support to help families find parenting solutions that work or to find quality services in their local community.

NC has expanded post-adoption contracts to assure that post-adoption services are provided throughout the state. The Division provides \$2400 annually per adopted child for vendor

payments for therapeutic and medical needs of adoptive families; a large portion of this money is used to provide respite for families.

The Special Children Adoption Incentive Fund served 91 children this past year. These children will continue to receive this supplement until they reach their eighteenth birthday. This Fund continues to be a major incentive for foster parents to adopt and was referenced by stakeholders as a strength.

NC sponsored a Post Adoption Services Conference in 2004 and 2006. More than 600 families with approximately 1200 children have participated in these two conferences. The Conferences provided various tiered workshops for adoptive families and children.

Concerns expressed by State Collaborative stakeholders include: timeliness– sometimes this is a DSS issue, court issue, clerk issue; resistance to TPR in some counties; and all prospective adoptive parents are not offered adoption assistance since all counties have not budgeted to participate in this program.

The legal and judicial survey results indicated that stakeholders had concerns regarding timeliness of adoption:

- 46.6% agree that if adoption is the goal, the court takes decisive steps toward adoption, such as setting deadlines for Termination of Parental Rights (TPR) petition and setting a plan for placement (it should be noted that 36.7% disagree with this statement and 16.7% remain neutral);
- 43.3% of the respondents agree that the court applies strict policies regarding extension of reunification effort where progress has been limited (36.7% of the respondents disagree and 16.7% neutral);
- 43.3% of the respondents disagree that adoption waiting periods are reasonable (36.6% agree and 20% are neutral);
- 53.3% indicate that adoption documentation requirements are reasonable (it is important to note that 30% responded “Neutral” to this statement);
- 46.6% agree that there are efficient processes for obtaining records needed for adoption (30% responded “Neutral”);
- 40% agree that the adoption court process is efficient (26.7% disagree, 16.7% remain neutral);
- 50% indicate that the judge hearing the adoption is acting reasonably in sync with the judge hearing the TPR (13.4% disagree, 16.7% responded “Neutral” and 13.3% responded “Not Applicable”);

Comments indicate that “There are backlogs in adoption [as there are in all our cases]” and “There is often a long delay in finalizing the adoption once the adoption petition has been filed.”

Item 10: Other planned permanent living arrangement. How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

Emphasis is placed on the belief that all children are adoptable and county agencies have embraced this concept. Long-term foster care placement is not a goal for children in NC and this is a value shared by our stakeholders.

Since our last Review, our independent living policy, LINKS has been revised. NC LINKS is an outcome-based program, which allows counties to use flexibility in designing and delivering services and resources within a framework based on best practices. The program is designed to help young adults exiting the foster care system to achieve seven positive outcomes: safe and stable housing; sufficient income to live on; sufficient education and vocational training to secure stable and meaningful employment; a support system of at least 5 caring and responsible adults who are involved with the young adult on a personal, rather than simply professional, level; avoidance of high risk behaviors; postponed parenthood until emotionally and financially able to parent; and access to needed health care (mental, physical and dental).

Outcomes are monitored by county DSS staff and are reported annually via a survey. These data will be supplemented in future years through a project at UNC-Chapel Hill, which will utilize sophisticated data matching of young adults aging out of care and state data bases on single parenthood, criminal/court involvement, employment records, food stamp and WorkFirst receipt, and educational records of youth who aged out of foster care. To gauge the experiences of youth aging out of foster care and, in an effort to determine whether the observed outcomes are associated with emancipation, involvement with the child welfare system, or being from a family living at or near the poverty line, comparison groups will be created. One comparison group will be drawn from the pool of youth who were in foster care in their mid-teens but were reunited with their families before they turned 18. A second group will be drawn from youth whose families received Work First Family Assistance (WFFA) while they were in their mid-teens.

State biennial CFSR results indicate that of 423 cases reviewed from July 2003 – June 2005, 97% were rated as strengths regarding this outcome measure, while 83% of 242 cases reviewed from July 2005 – June 2006 were rated as strengths.

North Carolina falls just short of the Federal standard on Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time. In FFY 2005, 27.3% of children in foster care for 24 months or longer on the first day of the fiscal year were discharged to a permanent home before their 18th birthday and prior to the end of the fiscal year. 94.1% of children who were legally free for adoption were discharged to a permanent home before their 18th birthday. Finally, in FFY 2005, 49.2% of children who were in care for three years or longer exited care with a discharge reason of emancipation or reached their 18th birthday while in foster care.

Over the last four calendar years, North Carolina has seen an increase in the number of youth aging out of the system, from a total of 472 in 2002 to 551 in 2005. North Carolina has also seen an increase in the number of children ages 16 and older being adopted or exited to guardianship in the last several years. In calendar year 2002, 48 youth aged 16 or older were adopted or exited to guardianship as compared to 81 youth in 2005.

County directors of social services sign a statement of assurance that one or more persons will be designated to assure that LINKS services are provided and to maintain contact with the state LINKS coordinator. Training of county coordinators and management focuses on the need for consistency during transition.

Foster care tends to have a negative impact on academic readiness for postsecondary education. The NC LINKS program reimbursed counties for targeted tutoring programs such as Sylvan and Huntington Learning Centers in order to help the most at-risk youth achieve closer to grade level. A recent survey of counties who used these expensive but effective tutoring services noted that 62% of participants made significant academic progress, and 92% showed at least some academic improvement. Perhaps as significantly, 81% showed “some” to “significant” behavioral progress as well.

Partnership agencies include 4-H, the Workforce Investment Act programs, Vocational Rehabilitation, Communities in Schools, the adult services provided through Social Services as well as Mental Health, Public Health and the local school system.

Services are individualized based on the strengths, interests and training needs of the youth or young adults. In counties with populations sufficient to support group work, there are increased opportunities for structured learning opportunities such as living skills and group participation in SAYSO (North Carolina’s youth-led advocacy organization for teens and young adults who were in foster care).

Feedback from State Collaborative stakeholders includes: older adolescents have difficulty achieving permanency through the same means as younger children, efforts directed towards finding family should be more exhaustive, and the use of subsidized guardianship is a good option.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement. How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

MRS and SOC system reform efforts stress placement within the child’s community and use a collaborative child and family team model to deliver services. A recent review of Alamance County’s data, a System of Care grant site, found that 50% of the 73 children in out-of-home placement were placed within their community. County DSS agencies report that a child’s needs sometimes require looking outside the community; a child may need a higher level placement. State Collaborative stakeholders report practice is improving and that CFT’s are helping by communicating shared responsibility.

Since the last Review, SDM tools have been implemented and in-home and out-of-home service agreements have been updated. Each out of home service agreement requires a documented discussion which must include the following items: least restrictive, most family-like, closeness to home community and child’s school district, whether or not it is a relative placement and services of placement designed to meet the needs of the child[ren].

State biennial CFSR results indicate that 97% of 423 cases reviewed from July 2003 – June 2005 were rated as a strength regarding this outcome measure, while 83% of 242 cases reviewed from July 2005 – June 2006 were rated a strength.

Since State Fiscal Year 2003, the percentage of children in an out-of-home placement by entry cohort has decreased. This percentage includes all children placed out-of-state, including those placed with relatives. We believe MRS and SOC reform are impacting these percentages, as we use child and family teams and are more focused on keeping children in their own community.

	Number of Children Entering Care Placed In-State	Number of Children Entering Care Placed Out-of-State	Percentage of Children Entering Care Placed Out-of-State
SFY 2003	5827	109	1.87%
SFY 2004	6095	91	1.49%
SFY 2005	6623	67	1.01%
SFY 2006	6676	72	1.08%

Item 12: Placement With Siblings. How effective is the agency in keeping brothers and sisters together in foster care?

Placing siblings together is NC's standard. Since our last review, our out of home services agreement reflects this value. Counties must document whether the child is placed with siblings and if not, why not, and what is being done to make this happen.

Because it is important to place siblings together, the agency shall recruit and prepare foster families who are willing to take sibling groups. Foster families need special preparation regarding issues of sibling relationships among children in foster care, as well as the impact of separation and loss on those relationships.

Feedback from stakeholders indicate that MRS system reform, shared parenting, use of child and family teams is helping; however practice varies from county to county.

State biennial CFSR results indicate that of 421 cases reviewed from July 2003 – June 2005, 99% were rated as strength in this outcome measure, and 99% of 229 cases reviewed from July 2005 – June 2006 were rated as a strength.

Item 13: Visiting with parents and siblings in foster care. How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

NC's policy was revised after the 2001 Review to clearly reflect the importance of maintaining the connections between parents and siblings. Visitation plans between siblings and parents must be developed within one week of children coming into care. Out of home services agreements require documentation of the visitation plan outlining frequency of visits and prompting the team to consider visits with parent, caretaker, siblings, placement provider, other family or friends. NC's policy is clear: children shall have visits with their parent(s), siblings, and family unless otherwise ordered by the Court or there is written documentation that visitation would be harmful to the child.

Shared parenting, a strategy of MRS is impacting this outcome. As parents and foster parents become more equal partners, the needs of the children are served. Through our MRS database, we have begun collecting information on the frequency of shared parenting events since the Fall of 2006. In NC, when the child is in out of home care, an essential element promoting timely permanence is the relationship between the birth parents and the foster parents. The CFT becomes an important bridge in building this relationship. Team members will want to help the child's family feel they are an important part of the team and have valuable input in the care of their child. Likewise, the foster parents have much to offer the team and the family. By cultivating a nurturing relationship with the family, the foster parents begin to mentor the birth parents in appropriate practices that help ensure the child's safety and well being. This relationship begins with the foster parents engaging the family very early around issues such as visitation, medical appointments, and transportation. Discussing such issues as favorite foods, toys, even sleep behaviors helps the family remain connected to the routine of child care. Inviting the birth parents to participate in meetings with teachers and health care providers helps establish a continuum of care between the parents and the child, and provides the social worker with opportunities to monitor progress being made by parents.

State biennial CFSR results indicate that of 421 cases reviewed from July 2003 – June 2005, 99% were rated as a strength in this outcome measure, and 99% of 229 cases reviewed from July 2005 – June 2006 were rated as a strength. NC recognizes there is a disconnect between these results and stakeholder feedback.

Information gathered from State Collaborative stakeholders includes: this item needs improvement, youth expressed that they do not visit siblings as frequently as they would like to, it is helpful to change the location of visits. The location of visits varies from county to county, with a family-like setting the preferred location. There are no limits on sibling or parental visitation, unless the visit would be harmful to the child. Of the youth that were surveyed, 45.5% *disagreed* that they visited their family on a regular basis (36.6% agreed and 18.2% responded neutrally)

Item 14: Preserving Connections. How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

MRS and SOC are all about preserving connections and involving the community in decisions around permanency; this is happening through CFT's. Since the Review, policy around preserving connections has shaped practice; early in the work with the family the social worker should begin building the child's life book by taking and procuring photographs of the child, birth family and foster placement. Children will continue to need physical documentation of their histories throughout placement. This is an area where North Carolina can continue to improve as only 63.6% of youth surveyed reported that they felt connected to their culture, and 22.7% responded neutrally.

State biennial CFSR results indicate that of 421 cases reviewed from July 2003 – June 2005, 99% were rated as a strength on this outcome, while 100% of 229 cases reviewed from July 2005 – June 2006 were rated as a strength.

NC's policies ensure compliance with Indian Child Welfare Act (ICWA). In 2000, the US Census Bureau reported that American Indians or Alaskan Natives comprised 1.2% of North

Carolina’s population. In SFY 2005, 2.2% of all CPS assessments involved Native American children, 2.1% of all reports substantiated or found services needed involved Native American children and 1.7% of all children in DSS custody were of Native American descent. The Eastern Band of Cherokee Indians is the only federally recognized tribe in NC. Swain, Jackson, Graham and Cherokee Counties work closely with the Cherokee Center for Family Services, Family Support Services Division in providing child welfare services. A work group comprised of representatives from the state Division of Social Services, the Tribe, and the directors from each of the four county departments of social services met to update an existing Memorandum of Agreement. Numerous changes in the North Carolina Juvenile Code and child welfare practice over the years had rendered the existing MOA out of date and all parties agreed to meet and develop a new agreement. The new agreement, when complete, will be a comprehensive document that reflects both tribal sovereignty and the family centered practice being implemented through the MRS.

Feedback from State Collaborative stakeholders includes: the placement should help minimize the stigma for children, the placement should address the “singling out” of foster children in school, community, get to know what is important to the child, make sure the child stays in the same school district – arrange transportation if the foster home is outside the district, use family recruitment agencies to make adequate placements. NC’s Director and Deputy Director are making site visits to group homes and we are paying attention to concerns raised. We do not have data on how frequently children change schools. Private providers are encouraged to transport the child to their school of origin.

A promising approach towards keeping children connected is the provision of services in county DSS’s through geo-districts. Social workers are able to get to know communities thoroughly; needs assessments indicate what types of services need to be developed to build capacity in the community, the continuity of relationships formed serves to mobilize communities.

Item 15: Relative Placement. How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

NC focuses on relatives and others who are viewed as important to the family from the very beginning. Child and family teams contribute to shared decision making and are a collaborative means of working with families and community partners. From the strengths-based structured Intake report, the Safety Assessment and the Strengths and Needs Assessment, social workers pay attention to the family’s resource network – including relatives.

Since SFY 2002, North Carolina’s use of relative placement as the first placement for children entering foster care has increased dramatically.

State Fiscal Year (Entry Cohort)	Percentage of Children Entering Relative Care as the Initial Placement
2001	21%
2002	22%
2003	23%

2004	27%
2005	27%

In examining entry cohort patterns of initial relative placement by age, race, ethnicity, and gender, it appears that older children are much less likely to have an initial placement with relatives as are Hispanic children. Native American children are much more likely to have their initial placement be with relatives. There appear to be no significant differences based on gender.

Percentage of Children Entering Relative Care as Initial Placement (Entry Cohort Data)					
	SFY 2001	SFY 2002	SFY 2003	SFY 2004	SFY 2005
All Children	21%	22%	23%	27%	27%
0-5 years	22%	23%	24%	30%	29%
6-12 years	25%	28%	26%	32%	29%
13-18 years	13%	13%	17%	14%	18%
Caucasian	20%	23%	23%	27%	26%
African-American	23%	22%	22%	27%	29%
Native American	36%	34%	30%	41%	28%
Other Races	8%	12%	18%	18%	17%
Hispanic	17%	17%	16%	16%	17%
Non-Hispanic	22%	23%	23%	28%	28%

- Similar pattern regarding relative placement are also evident in cross-sectional data.

State Fiscal Year	Percentage of Children in Relative Care on the last day of the Fiscal Year
2001	18.0%
2002	18.1%
2003	18.9%
2004	20.0%
2005	21.3%
2006	20.8%

At Intake, information is gathered around relatives, kin, friends who have knowledge of the family or are sources of support. The SDM tools assess strengths and needs, and the safety assessment outlines the use of relatives as temporary safety resources. NC uses a thorough kinship care assessment to ensure relative placements are safe. Since the Review in 2001, in-home services have been re-designed – the SDM tools provide a solid foundation for assessing risk, safety, strengths and needs. Specific policy around domestic violence and drug endangered children also supports work with families.

NC understands the importance of searching for maternal and paternal relatives. Policy is reflective of including all who are connected to the child in service planning. State biennial CFSR results indicate that of 421 cases reviewed from July 2003 – June 2005, 100% were rated as a strength in this outcome measure, and 100% of 229 cases reviewed from July 2005 – June 2006 were rated as a strength.

In our data profile for FFY 2005, North Carolina appears to have a high number of children placed in institutions (16.2%) and group homes (8.0%). There are a higher proportion of children placed in institutions versus group homes because North Carolina defines group homes as having 8 or fewer beds, which conflicts with the AFCARS definition of a group home having 12 or fewer beds. In SFY 2006 39.2% of those children in institutions and group homes were in treatment facilities to address specific mental health or other needs. North Carolina is working to reduce the number of children in non-family settings. Specifically in regard to children under the age of twelve in group care, the Director, Deputy Director and Children's Program Representatives follow-up with counties monthly to ensure that counties are making efforts to find more appropriate placement settings for young children, including searching more diligently for kin.

Feedback from State Collaborative stakeholders includes: it is difficult to find a balance between safety and comfort for the child, parent inability to access substance abuse service is a problem, sometimes families have been living on the edge – then a child is placed with them with no support or intervention services - this can push the family over the edge, a lot of families make the choice not to become licensed foster parents because it is too time-consuming or they don't want the agency in their business, we need to make sure we support families financially and through services.

Relatives are always the first choice for placement and licensure is offered. A barrier to licensure includes the mandatory criminal record check. NC's child only Work First Family Assistance program provides financial assistance to relative caregivers who choose not to be licensed.

Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

MRS reform impacts NC's entire child welfare system and is based on family centered practice principles. As a part of working with families in a respectful, culturally sound model; NC recognizes that all families have strengths and consistently searches for those strengths in all aspects of a child and family's life. Policy requires CFTs with all who are important to the family; this includes working with non-custodial parents, kin, friends, and other community partners, such as the faith community.

Policy requires continued face to face contact with the non-custodial parent, child and foster parent. Best practice encourages social workers to make the parent and child aware of when the first visit will occur, to encourage the parent to be as involved as possible in the placement process by helping prepare the child, pack favorite toys/clothing, and to follow-up with the parent immediately after the child has been placed. The shared parenting component of MRS is all about preserving the connection between parent and child in order to reunify the family. Foster and birth parents are encouraged to make decisions jointly through child and family team meetings and foster parents serve as mentors to birth parents. We do not have data, however the MRS database will allow us the opportunity to measure frequency in the near future.

State biennial results indicate that of 421 cases reviewed from July 2003 – June 2005, 100% were rated as a strength in this outcome measure, while 98% of 229 cases reviewed from July 2005 – June 2006 were rated as a strength.

Feedback from State Collaborative stakeholders includes: it has improved for the cases where the parent is provided the services they need, it is important to preserve the respect of the parent in the child's eyes and facilitate the transition of the child, be mindful of language that is used, have an open mind and look at parent for where they are now – not just focus on the fact that other children have been TPR'd, need to foster more healthy child/parent relationships – revisit parenting class curriculums.

C. Child and Family Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, foster parents. How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

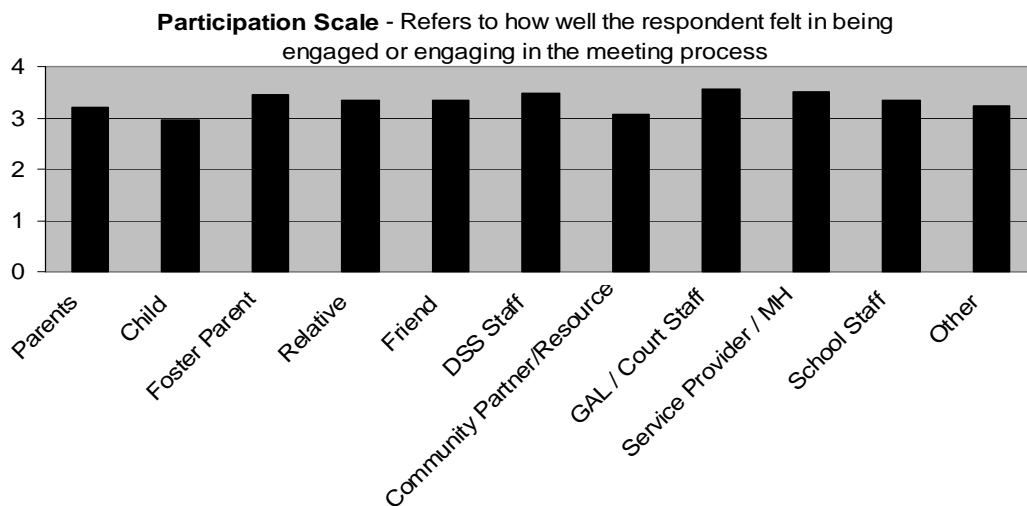
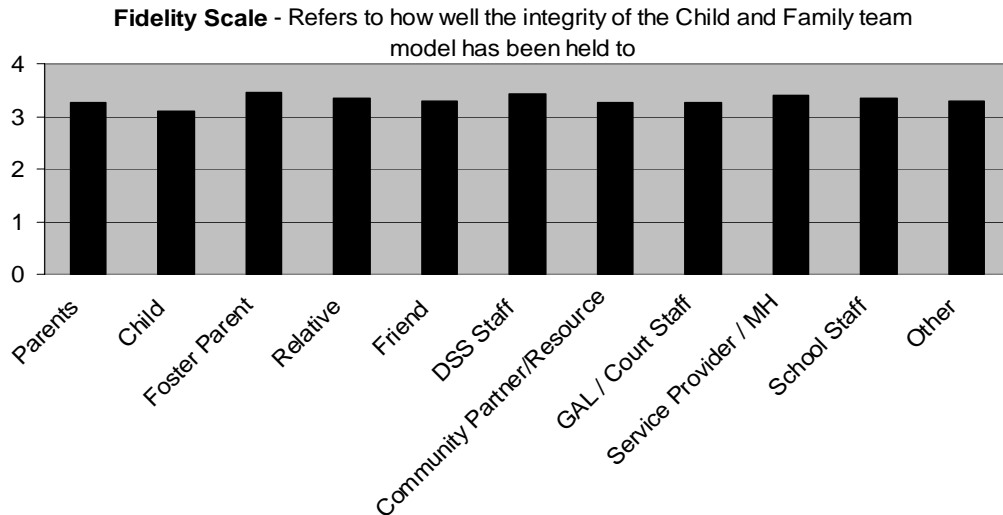
The 2001 Review revealed that meeting children's well-being needs was an area that NC needed to improve. Policy regarding well-being has been implemented, SDM tools assess well-being needs, service agreements require documentation of well-being needs. The CFT model of intervention ensures input from varied sources and provides a sense of accountability – which in turn leads to front-loading of services. MRS has had a real impact on connecting families with needed services early in the life of the case.

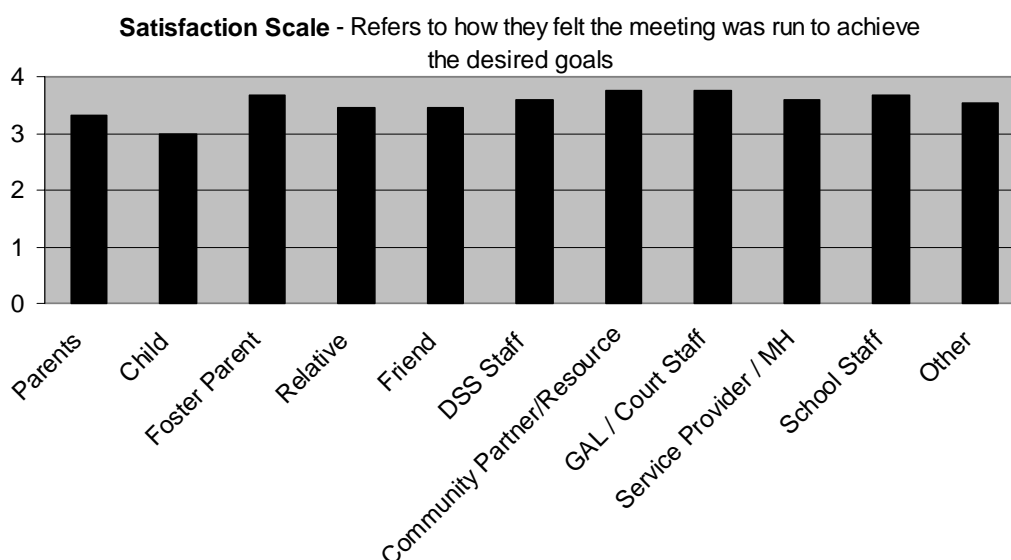
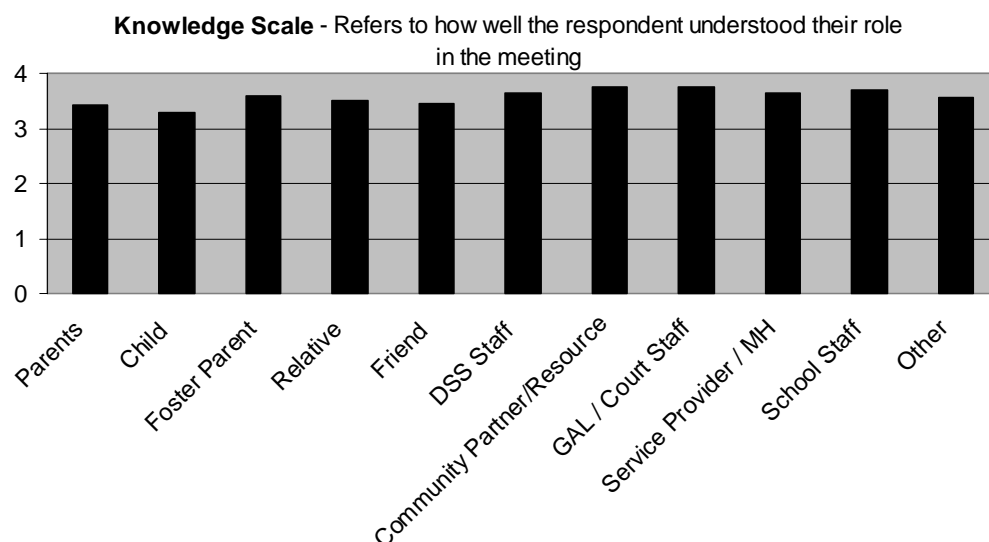
State biennial CFSR results indicate that of 778 cases reviewed from July 2003 – June 2005, 93% were rated as a strength in this outcome measure, while 95% of 433 cases reviewed from July 2005 – June 2006 were rated a strength.

Safety, strengths and needs, and risk are assessed early on and routinely throughout foster care and in-home services cases. There are no real differences in our intervention with foster care and in-home cases; our philosophy is the achievement of safety, permanency and well-being for all children. Of particular interest to meeting well-being needs is increased collaboration with community partners. School, mental health, medical providers are invited as participants in CFTs at the county level.

As part of the Duke University System of Care evaluation in Alamance, Bladen, and Mecklenburg counties, child and family team meeting satisfaction surveys were distributed at the end of CFTs between February 2005 and November 2006. During that time period, 2,828 surveys were collected as a result of 487 CFTs (an average of 5.8 satisfaction surveys were collected per CFT). Surveys were collected from 549 parents, 173 children, 119 foster parents, 346 relative participants, 67 friends, 753 DSS staff, 100 community partners/resources, 191 GALs and other court staff, 143 service and mental health providers, 66 school staff, and 307 other/unidentified participants. The following charts represent participants opinion based on a 4 point Likert scale (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree) of CFTs

adherence to model fidelity, their knowledge of the process, their engagement in the process, and their overall level of satisfaction. Based on the scale, CFT participants agreed with the vast majority of questions around fidelity, engagement, knowledge, and satisfaction. In all four areas, children expressed the lowest ratings.





Independent living services (LINKS) are provided to youth 16 and up in all 100 counties. Youth 16 and 17 shall be assessed to determine their needs for services to prepare them for making the transition from foster care to independent living. Specific areas of need which must be assessed include: education; vocation / job preparation; basic living skills and personal / social / emotional development. Youth ages 16 and older shall receive independent living services as indicated by their personal needs assessment, which the social worker shall complete. The plan for independent living services shall be documented on the Transitional Living Plan of the Out of Home Family Services Agreement. If a youth will not be able to live independently due to profound developmental, physical, or mental disabilities, the basis for this determination must be documented. Youth who are mildly or moderately disabled and who can benefit from aspects of the program shall be offered services appropriate to their needs. Strengths shared by State Collaborative stakeholders include: community collaboration is happening on a greater level, there are increased services related to methamphetamine use, increased services for immigrants, counties are developing specific protocols to address needs in their communities, there is a focus

in the state on youth who are aging out of care – Strong Able Youth Speaking Out (SAYSO) is leading this effort.

Under the leadership of Governor Mike Easley, NC is implementing a Child and Family Support Team Initiative in the school system to address the health, human service and educational issues of academic underachievement and risk of out of home placement. This Initiative was funded with recurring, permanent state funds and is expected to be expanded in upcoming years. As this Initiative grows, more families and professionals will be exposed to the child and family team model of intervention, which we believe will produce a synergistic effect and enhance MRS.

Legal and judicial stakeholders had mixed responses regarding service delivery:

- 56.6% indicate that there is a plan to ensure that the child welfare agency provides timely services to its clients, whether with its own staff or contracts with private providers (13.3% disagree and 16.7% neutral);
- 40% disagree that there is an adequate supply of key services to avoid service delays (33.3% agree and 16.7% neutral);
- 33.3% disagree that there are clear laws requiring other key public agencies to provide services to child welfare clients (30% agree and 30% neutral);
- 33.4% agree that state laws require that key public agencies prioritize child welfare clients however, 36.7% responses were neutral (23.3% disagree).

Foster parents had mixed opinions regarding service assessment and delivery:

- 49.5% agreed that foster parents are informed of all information regarding the child that will impact their homes or family life during the care of the foster child.
- 58% percent of foster parent stakeholders agreed that they received support services which assist in the care of the child in their home, including an open and timely response from agency personnel.
- 72% felt informed of how to receive services and reach personnel on a 24-hour day, 7 days a week basis.
- 29.1% disagreed that they were offered assistance in dealing with family loss and separation when a child leaves the foster home (25.8% agree, and 28% responded neutrally).
- 47.4% felt they were granted a reasonable plan for relief from their role as a foster parent. One foster parent wrote, “lack of respite, e.g. 5 days out of 365 is very little and then there are never enough people who can take the children together so they all wind up being split apart.

As part of the MRS evaluation by Duke University, evaluators conducted 122 telephone surveys with caregivers from 7 MRS counties. In regard to accessing services, 50% of the caregivers who got services from Work First at the time of the report and indicated that the child welfare social worker helped them get or keep these services; 68% said the assistance they received from DSS helped them to know who to contact in the community when they need help; and 52% said that help they got from DSS helped them improve their parenting skills. Many caregivers expressed appreciation for assistance with basic necessities and transportation, information about

domestic violence, and referrals to counseling or parenting classes. Others, however, expressed negative feelings about their access to services. For example, one caregiver commented “The social worker tried to help me but I needed child care but no slots were available at that time and the waiting list was long.” Another said, “I wanted food stamps or WIC or something to help me buy food for my children, but I didn’t get anything and they wouldn’t tell me why.”

Accessing needed services remains a challenge for some county DSS agencies; particularly those located in rural areas. Mental health, domestic violence, and substance abuse services are listed as service needs on a routine basis and present a challenge for some counties. This is compounded when there are communication barriers such as non-English speaking families, and deaf/hard of hearing families. Other barriers shared by stakeholders include: lack of respite for foster families, lack of training for foster parents, and lack of funding to provide adequate mental health services.

Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?

Child and family involvement throughout the case planning process is crucial. The practice of child and family teams ensure family involvement from in-home services through foster care. Policy specifies when child and family team meetings are required; prior to a child entering care, at any significant development in the case, at parental request, when a case is “stuck”. Child and family teams are held when and where they work best for the family. Participation in developing the case plan is required with children ages 12 and up; and is evidenced through their signature on family services agreements. 73.2% of foster parents and 54.6% of youth surveyed reported feeling included as a valued member of the child and family team.

Of the 122 telephone surveys conducted with caregivers from the 7 MRS counties by Duke University, 60% felt their ideas were taken seriously and included in plans for their family, over 50% felt good about the way they were treated by their social worker, over 50% agreed that the social worker(s) tried to understand their family’s situations and needs, over 60% felt the social worker respected their family’s beliefs, values, and ways of doing things, and over 50% said the social worker asked for their ideas about what would be best for their family.

The Division fully supports family involvement and as such, includes family members as participants in policy development work groups. To date, the Division has trained 49 family partners in family advocacy through a contract with Prevent Child Abuse North Carolina. Family members that participated in the training were identified by local family resource centers that will provide on-going support. Currently, the Division is also in the final stages of developing a method for compensating family partners financially.

State biennial CFSR results indicate that of 778 cases reviewed from July 2003 – June 2005, 91% of cases reviewed were rated as a strength with this outcome measure, while 89% of 433 cases reviewed from July 2005 – June 2006 were rated a strength.

NC’s child welfare practice is family-centered, and as such engagement in the case planning process occurs from the very beginning with the safety assessment and continues through the development of a family services agreement with the child, family and others in a CFT. Our

policy and practice reflect a commitment to partnering with parents and require efforts to locate absent parents.

NC's State Collaborative for Children and Families is co-chaired by a professional and a parent and its members include all major child-serving agencies in NC. The Division has been involved in the development of a cross-agency child and family team curriculum. The training is co-led by a professional and a parent and involved blended funding from DSS, Mental Health and the Division of Public Instruction. This promising approach embraces cross-agency involvement as well as placing a premium on family involvement.

Feedback from State Collaborative stakeholders includes: MRS has been well planned and communicated, there is increasing recognition that youth have access to all court activity and are encouraged to participate, there is increased communication with child and family; however at times communication can be condescending.

Fully fleshed out family and child participation involves culture change, and as such takes time. We have achieved buy-in that family and child participation is theoretically a good idea; however, making this happen will require persistence. There are also community partners who have become accustomed to a traditional modus operandi within county agencies; and we are significantly altering the way we interact with families, which has resulted in re-educating the community about our role. Training opportunities have been strategically funded to allow cross agency participation in family centered practice training throughout the state.

Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

Since the development of our PIP, policy was developed to ensure that appropriate face-to-face contact occurs. The policy establishes a hierarchy of need with in-home services, and requires more frequent visits with families who are rated higher risk. In-home services visits occur with the family in their home, in order to fully assess family functioning and environmental issues.

State biennial CFSR results indicate that of 778 cases reviewed from July 2003 – June 2005, 89% were rated as a strength with this outcome measure, while 86% of 433 cases reviewed from July 2005 – June 2006 were rated a strength.

Face to face visits with children are required, and assessment of the family's home environment must occur. Visits are intentional; policy indicates that visits occur at differing times to assure a thorough assessment. Feedback from stakeholders indicates that maintaining contact when children are placed out of county or out of state can be a challenge. MRS has impacted the quality of contact between social workers and children; family-centered practice training is mandated, child and family teams ensure shared decision-making, and social workers report increased job satisfaction as a result of "doing real social work with families." Some counties contract with agencies to provide ongoing case management services – this does not alter the county's mandate to meet policy requirements regarding frequency of contact. NC is developing a tool, the foster care checklist to be used on a regular basis when visiting children in foster care to: ensure safety and well-being, make the visit more productive and consistent, encourage and build honest, supportive relationships between foster parents and agencies, and streamline documentation.

Youth stakeholders indicated that regular contact with their social worker does happen. They also indicate that their satisfaction with their social worker varies depending upon how well the worker partners with them and their family. Of the youth that completed the survey, 55.6% reported that they were visited regularly by the social worker.

Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Policy mandates the frequency of face to face contact with parents in foster care and in-home cases. Through MRS, visits are occurring more frequently at non-traditional hours. Since the Review in 2001, policy requiring face to face contacts has been altered to ensure that high-risk cases receive greater scrutiny through increased face to face contact.

State biennial CFSR results indicate that of 778 cases reviewed from July 2003 – June 2005, 88% were rated as a strength with this outcome measure, while 81% of 433 cases reviewed from July 2005 – June 2006 were rated a strength.

For in-home cases where the risk is rated as high or intensive, weekly face to face contact shall be maintained with the family. All children substantiated as abused, neglected, or dependent, or identified as “services needed” and their parents or primary caretakers shall be seen face to face two times per month. All other children (unsubstantiated or found “services recommended” or “services not recommended”) residing in the home shall be seen face-to-face 1 time per month. On “off weeks” the social worker shall be required to have face-to-face contact with as many significant family members as necessary to ensure the children’s safety. Two collateral contacts per month with service providers significant to the case; mental health therapist or case manager, school, daycare, Work First, or other professionals working with the family are some examples. These contacts may be made at the Child and Family Team Meeting if the child’s safety can be ensured in the process.

When Intensive Family Preservation Services IFPS is chosen as a service delivery option, the following guidelines are to be followed: there must be a rating of intensive or high risk as well as a substantiation of child neglect, dependency or a finding of services needed. In cases involving any substantiation of abuse, there must be a risk rating of intensive, high or moderate. Contacts by the IFPS social worker, during their period of service, can be counted for the individual weekly contacts as long as this purpose is documented. In SFY 2005, IFPS workers averaged 70 hours of services to families during a six-week IFPS service period, and an average of 32 hours of that services were spent in face-to-face contact. The DSS social worker must maintain weekly contact with the IFPS social worker and document discussion regarding progress towards case activities. (These contacts can either be over the telephone, via e-mail, or in person). The ongoing DSS social worker should see the family twice per month while IFPS is involved.

Case Contacts for CPS In-Home Moderate risk rating services are: all children substantiated as abused, neglected, or dependent, or identified as services needed and their parents or primary caretakers shall be seen face to face two times per month. two collateral contacts per month with someone significant to the case; mental health therapist or case manager, school, daycare, family members, Work First or other professionals working with the family.

In foster care cases, the worker must conduct a face to face visit with the child within the 1st week of each placement. The social worker shall have face to face contact with the child at least monthly. The agency shall have more frequent contact when indicated by the child's needs. The need for less contact must be documented in writing. When reunification is the permanent plan, there shall be at least one face to face contact with the parent(s)/caretaker from whom the child was removed every month. The agency shall have more frequent contact when indicated by the child's needs and less frequent contact must be documented. A minimum of two contacts per month shall be made by the child's social worker with a person or persons significant to the case other than the placement providers. The agency shall have more frequent contact or less frequent depending on the child's needs and document that. There shall be monthly contact with placement provider in reference to the child's needs and progress. In cases where a contractual party is conducting the required contacts, the agency shall request regular status reports and have face to face contact with the child at least once a quarter, or there shall be documentation to reflect rationale for not making the contact.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

NC uses structured decision making tools to assess safety, risk, strengths and needs with all families. The strengths and needs assessment requires that agency staff pay attention to all child well-being needs, including education. All family services agreements, in-home and foster care incorporate child well-being needs, including education.

For all cases that are substantiated or found in need of services, the following items regarding the child's educational needs must be documented: special education classes, when applicable; normal grade placement, if child is school age; services to meet the identified educational needs, unless no unusual educational needs are identified; early intervention services, unless these services are not needed; advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and how the educational needs of the child/family have been included in the case planning, unless the child is not school age or has no identified education needs.

Since the Review in 2001, SDM tools, service agreements and child and family teams all emphasize the importance of meeting safety, permanency and well-being needs. The increased involvement of the community through System of Care principles brings attention to children's educational needs.

State biennial CFSR results indicate that of 542 cases reviewed from July 2003 – June 2005, 99% were rated as a strength with this outcome measure, and 99% of 271 cases reviewed from July 2005 – June 2006 were rated a strength.

The child's educational needs are assessed throughout the life of the case and are documented on SDM tools. Identified educational needs are documented on services agreements and in the case

record. An Education Status Component is an element of a comprehensive assessment and must be completed within 7 days of the initial placement; be updated at least every 6 months or when circumstances change; and be given to initial and subsequent placement provider(s) within 7 days.

Shared parenting requires collaboration between the child, birth parents, foster parents and the agency. Every effort is made to place the child within his/her community and to maintain school enrollment. When children are able to remain in the same school, some of the trauma of separation is eliminated. When that is not possible, it is frequently the foster parent who enrolls the child in school after placement. The foster parent as well as the parent should be included in educational decisions about the child.

County DSS agencies work collaboratively with local education agencies (LEAs) and child care providers. NC is implementing a Child and Family Support Team initiative supported by Governor Michael Easley to provide services to children identified at risk of poor school achievement and out of home placement. The initiative, in place in 21 counties across the state includes the hiring of school nurses and social workers who help at-risk children avoid failure in school by coordinating services among education, health and social service agencies. These school-based teams work with liaisons at local mental health agencies and departments of social services to ensure students and families receive the services they need to support their success in school. With human services professionals in the school setting, teachers and these workers will often be able to spot potential problems for students. Better coordination between the public schools and social service agencies results in better support for student success in the classroom. DSS is supporting this initiative by providing facilitators for the child and family support team meetings. A comprehensive evaluation of this Initiative will be conducted by Duke University and will include looking closely at educational data – including End of Grade test scores, discipline records, and graduation rates – for all children in out-of-home placement in the 21 counties participating in the initiative.

Feedback from State Collaborative stakeholders regarding strengths includes: educational scores across the state have gone up, due to legislation and communication efforts, there is a better coordination of services between DSS and Early Intervention, attention is being paid to high risk populations, such as homeless kids, emphasis on high quality child care is a big plus in NC, and Positive Behavior Support Initiative should improve the climate at schools for all children. This program has an emphasis on teaching pro-social skills which should be of particular benefit to children in foster care. Feedback from stakeholders regarding barriers includes: there is a lack of stable/fully staffed educators, access to local schools for foster children is a need.

Of the foster youth surveyed, 54.5% agreed that their social worker paid attention to their progress in school (22.7% responded neutrally).

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

NC's policy requires a comprehensive assessment of children's physical health needs. When a child is alleged to have a medical condition, disease or illness, relevant to the allegation, the agency shall consult the medical provider treating the condition. This consultation shall be focused on determining the family's assertions about that medical condition, or there shall be justification for why this was not done.

During the assessment process, county agencies have access to the Child Medical Evaluation Program (CMEP) / Child Mental Health Evaluation Program (CHMEP). A CMEP/CMHEP evaluation should be considered if the social worker has questions about any of the following issues: significant delay in the child's developmental skills; significant delay in the child's physical development; unusual and unexplained lethargy or irritability; untreated or inadequately treated medical conditions which have significant impact on the child's overall health or physical development; children affected when one parent abuses the other; child-on child sexual contact; a child has received a non-serious injury from an unknown perpetrator.

Children must be referred for a physical examination within one week of initial placement. Children under age 3 who are substantiated or found in need of services are referred locally for an early intervention assessment. The Division has partnered with the Early Intervention Branch of the Division of Public Health (DPH), Women's and Children's Health Section to accomplish this goal. Foster parents are partners with the agency in assessing the child's strengths and needs and often take the child to medical appointments. Therefore, it is important that the foster parent have the Health Status Component of the Out of Home Family Services Agreement to take with them to those appointments, as well as any other medical or social history information that impacts the delivery of health care services. Any printed summary report that is provided to the physician should have non-essential, confidential information (such as the identity of the perpetrator) removed or obliterated. A Health Status Component is completed for each child entering care within 7 days of the initial placement, is updated at least every 6 months or as circumstances change, and shared with the placement provider within 7 days. The Health Status Component is a thorough assessment of the child's physical health needs, including dental health.

When a child is placed out of his/her home, information about the child's medical needs, medication, any special conditions, and instructions for care should be given to the foster parent prior to or at the time of placement. The social worker is responsible for bringing any medications, glasses, hearing aids, etc. to the foster care placement with the child. Social workers should document in the record when these items are given to the foster care placement providers.

Completion of the SDM tools which assess physical health needs is a routine part of county social work practice. Since the Review in 2001, policy regarding meeting children's health needs have been strengthened. For in-home services cases that are substantiated or found in need of services, the following must be documented in the case record: whether the child/family has received preventive health care and if not, the efforts the agency will take to ensure that this care

is obtained; whether the child/family has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained; whether the child/family has up-to-date immunizations and if not, what efforts the agency will take to obtain them; whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment; whether the child/family is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

State biennial CFSR results indicate that of 746 cases reviewed from July 2003 – June 2005, 99% were rated as a strength in this outcome, while 97% of 412 cases reviewed from July 2005 – June 2006 were rated a strength.

Survey data from youth in foster care indicated that 77.3% felt that they were taken to the doctor when they were sick.

NC makes every attempt to use the medical/dental providers the child is familiar with whenever possible. Feedback from State Collaborative stakeholders regarding children's medical needs includes: need to establish more resources for meeting the medical needs of children, or support existing ones, need to better establish medical homes for children and better support existing resources in order to provide safety and continuity of care. Feedback from stakeholders regarding strengths includes: collaboration between agencies and community groups has grown and helps to identify medical, physical and educational needs, Health Choice is a strength in NC, physicians are now required to complete developmental evaluations to assess for developmental milestones. Health Choice is a supplemental insurance program for families that are not eligible for Medicaid.

Item 23: Mental/behavioral health of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

NC's policy requires ongoing assessment of children's mental/behavioral health needs. Children in foster care placement shall receive services designed to assure their emotional and developmental needs are met. Children shall also receive services that help mitigate the feelings of grief and loss that result from removal from the home. The agency shall ensure that the child receives all needed evaluations, medical care and psychological treatment services needed through referral to other agencies and providers. Completion of the Child Health Status Component is required and includes an assessment of any developmental/learning problems, significant behavioral problems and diagnosis of mental disorder/emotional illness. The Health Status Component is completed for each child entering care within 7 days of the initial placement, is updated at least every 6 months or as circumstances change, and shared with the placement provider within 7 days.

The social worker should assist the children in their personal, social, and emotional development while in foster care placement; in their continuing relationships with members of their own family and other persons; and in addressing problems facing them as a result of foster care placement. The social worker should also provide referrals to counseling services for children, as needed. Frequency and intensity of social work contact should be determined by individual needs and problems of the child, but no less than monthly face to face contact. The social worker should help children understand why they cannot live with their own parents, so that they will be

able to understand their foster care placement and make use of available services. It is important for a child in foster care placement to have a “part of his/her own family” with him/her, such as pictures of parents and favorite toys.

Since the Review in 2001, MRS implementation coupled with the use of SDM tools has impacted NC’s ability to meet children’s mental/behavioral health needs. The CFT affords the opportunity for a collaborative discussion and shared decision-making around service agreement activities. For in-home service cases that are substantiated or found in need of services, an assessment of the child/family’s mental health/behavioral health needs must occur. The social worker must document whether the child/family is receiving appropriate treatment for any identified mental health needs and if not, what efforts the agency will take to obtain such treatment. The strengths and needs assessment affords the social worker the opportunity to assess all family/child well-being needs.

State biennial CFSR results indicate that of 746 cases reviewed from July 2003 – June 2005, 96% were rated as a strength with this outcome measure, while 97% of 412 cases reviewed from July 2005 – June 2006 were rated a strength.

Of the foster youth that completed the survey, 86.3% agreed that they were taken to the therapist/counselor when necessary.

NC has a positive, collaborative relationship with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. In NC, major changes are occurring in mental health and concerns have been raised regarding timely access to services for children in DSS custody. In September 2006, a joint memo from NCDMHDDSA and DSS was issued describing how to access ongoing mental/behavioral health services as well as immediate services.

The NC Child Treatment Program is a newly-funded initiative (~ \$1.6 million over three years) bringing much-needed mental health treatment to families substantiated for sexual maltreatment. CTP will train clinicians to provide evidence-based treatment to traumatized (abused and neglected) children in the northeastern region. CTP will provide funds to pay for treatment of under-insured children and their non-offending caregiver. (Treatment will also address sexually-reactive behavior). This treatment service is available in 28 counties.

Feedback from State Collaborative stakeholders includes: need to do a better job in ensuring kid’s mental health needs are met; collaboration between agencies and community groups has grown and helps to identify medical, physical and educational needs; NCDMHDDSA and DPI are encouraging the use of school based mental health services by disseminating information and developing pilot programs and foster children are part of the population that will benefit from this; mental health reform is not working to benefit families and children and in fact is dangerous. A staff member from NCDHMDDSA recently provided technical assistance to our regional Children’s Program Representatives, who will in turn share information with county staff.

Section IV – Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

North Carolina currently maintains four major Management Information Systems: the Services Information System (SIS), the Central Registry, the Child Placement and Payment System (CPPS), and the Adoption Indexing Management System (AIMS). In addition, North Carolina maintains a number of smaller MIS systems, including the ICPC database, the web-based Multiple Response System database, the Family Resource Center Database, the Intensive Family Preservation Services Database, and the Family Reunification Database.

The Services Information System provides client and case manager identification information, authorization for services, and the dates and types of services initiated for the client. SIS is linked to the Central Registry and CPPS.

The Central Registry collects information on child abuse and neglect reports, case decisions, and perpetrator characteristics. Information entered into the Central Registry is used to complete NCANDS reporting. The Responsible Individuals List (RIL) is a subsystem of the Central Registry. The RIL was authorized during the 2005 Legislative Session, and it required the Division to establish a list of individuals responsible for the abuse or serious neglect of a juvenile and to establish a process for expunction from that list. Information from the RIL is available only to authorized persons for the sole purpose of determining current or prospective employability or fitness to care for children. The RIL was implemented on May 1, 2006.

The Child Placement and Payment System contains information on all children who are in the legal custody of County Departments of Social Services, as well as collects information and tracks expenditures for children receiving adoption assistance and guardianship assistance. Data from CPPS creates the Foster Care file for AFCARS reporting.

The Adoption Indexing Management System collects information on finalized adoptions in North Carolina. Data is entered in the system at the state-level, once completed information is received from the Clerk of Court. Data from AIMS creates the Adoption file for AFCARS reporting.

Since the previous CFSR, North Carolina has made a number of strides regarding data collection, analysis, and reporting. Currently SIS, Central Registry, and CPPS data are all available in the Client Services Data Warehouse (CSDW), and data from the MRS database is scheduled to move to the CSDW within the next year. The Data Warehouse is a web-based data repository

that allows users to design individualized queries 24-hours-a-day, 7 days a week. Training regarding Central Registry data and SIS data is conducted quarterly, and training regarding the CPPS data is in development. The Division is currently working on building a number of pre-defined queries that will be published in CSDW, so that all 100 North Carolina counties have access to standardized outcome reports.

North Carolina has also worked with the University of North Carolina-Chapel Hill School of Social Work to develop the online Experiences Report (<http://ssw.unc.edu/cw/>), which is available to the public. The Experiences Report presents analyses for cohorts of children entering DSS custody in five areas: volume and patterns of initial placements; length of time in placement authority; number and proportion of children ever placed in non-family settings; placement stability; and rates of re-entry. The website also reports data for the six Federal Outcome Measures used in the previous CFSR, and will eventually report data for the new Federal CFSR composites. Data is reported by county, judicial district and by county size. The data can also be parsed by age, race, ethnicity, and gender so that counties can identify groups that may be disproportionately represented in their caseloads. Future releases of the Experiences report website will include outcomes data related to child abuse and neglect reports. Staff members at UNC also conduct “Cornerstone IV – Working with Outcomes” trainings, during which the group demonstrates the website and goes through examples of obtaining and interpreting outcomes data.

Another major milestone for North Carolina is the development of North Carolina Families Accessing Services through Technology (NC FAST). NC FAST is a program designed to provide up to date technology for data management for nine programs housed in the NC Department of Health and Human Services including child welfare. NC FAST will function as a case management system and will tie together many of North Carolina’s main frame and web-based systems, including the Central Registry, CPPS, MRS database, and AIMS.

To date, NCFAST has obtained an agreement between the State Chief Information Officer (SCIO) and Federal partners for the approach to be used in a Request for Proposal. NCFAST is working with the SCIO to move forward to publish an RFP by June of 2007. The NC FAST program has been an effort by North Carolina for approximately 8 years. During this time, several significant changes have been initiated by the state of North Carolina. The more recent change is in the area of how IT projects are managed and approved. In addition to specifying the procurement strategy, the SCIO has reviewed and approved an incremental approach for developing the functional components of the system. A total of eight major functional components have been identified. The first two phases are now complete, and work is well underway for the third phase. The third phase seeks to identify a COTS/Framework product that will support the current scope of effort for NC FAST, as well as future programs and functionality needed by the NC DHHS. This phase is expected to be complete by early 2008. The remaining five phases detail the programmatic functionality. As Child Welfare is a major program within the scope of NC FAST, most of the functionality needed for Child Welfare is planned to be built in the forth phase of NC FAST. This fourth phase is anticipated to begin June of 2007 and conclude in December 2010. The remaining four phases will provide the

functionality needed for the program areas of: Medicaid, TANF, Food Stamps, Child Care, Energy Assistance, Refugee Assistance, and Special Assistance.

Since the last CFSR, North Carolina has continued to generate numerous monthly reports that are available for state and local staff for analysis. The Division has also put the MIS system user manuals and forms on the Division's website, so that local departments of social services can access them easily.

Finally, the Division continues to fund a number of evaluation contracts with research institutions such as Appalachian State University, Duke University, and University of North Carolina – Chapel Hill to assess the effectiveness of various initiatives including our contracted community-based prevention programs, the Multiple Response System, the System of Care Initiative, and the Title IV-E Waiver Initiative. One especially exciting evaluation involves matching data regarding our youth aging out of care to education data, employment records, criminal records, and vital statistics in an effort to determine what happens to our youth after they leave foster care. Data entered in to our MIS systems forms the backbone of these evaluation efforts.

Although North Carolina has made a great deal of progress regarding data collection and analysis since the last CFSR, there remain a number of improvements we plan to accomplish in the coming years. In February 2006, the National Resource Center for Child Welfare Data Technology visited North Carolina to assess our AFCARS mapping. They discovered a number of areas that could be improved. As such, North Carolina plans to re-program all of our AFCARS data in the Data Warehouse, as well as convene a work group to revise the CPPS manual. We project the November 2007 AFCARS submission to be generated by the Data Warehouse. Similarly, we have requested onsite technical assistance from Walter Reed McDonald Associates in regard to our NCANDS data mapping. In February 2006, North Carolina expanded the Central Registry system in an effort to report more detailed information to NCANDS. As such, we plan on re-programming that data in the Data Warehouse, and plan that the March 2008 NCANDS submission will be generated by the CSDW team.

In the coming year, North Carolina also plans to develop a system to assign each child involved in the child welfare system a unique identification number. Currently, identification numbers are assigned by counties such that a number of children have more than one number assigned to them. The Division is in the process of convening a work group to address this issue, which will greatly enhance the usefulness of the data and allow the data to be accurately joined between systems.

The accuracy of North Carolina's data collection could be enhanced by providing social workers and data entry clerks increased training opportunities regarding data entry in the MIS systems and data analysis in the Data Warehouse. Data collection could also be improved by building more edits into the system. In early 2007, the state plans to convene a workgroup to make the necessary changes to the Child Placement and Payment System with the hope that a new manual

and system edits could be implemented by the Fall. Training regarding the changes would occur following the implementation of the changes.

B. Case Review System

Item 25: Written Case Plan. Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

As a result of North Carolina's Program Improvement Plan, case plan forms were revised to assure greater family and child involvement in the planning process. MRS emphasizes family and child involvement through extensive use of CFTs in all aspects of case planning. The Case Planning process includes Risk Assessment, Safety Assessment, Assessment of Strengths and Needs, Case Decision Summary / Initial Case Plan, Family Reunification Assessment, In-Home Family Services Agreement and/or the Out of Home Family Services Agreement.

Current policy includes the requirement that social workers develop a case plan with parents and provide them with copies of the case plan. Since 1998 the state has provided to all 100 counties a handbook for parents titled "Understanding Foster Care: A Handbook for Parents". This handbook is designed to assist and inform parents when their children are being removed. The fact that parents are informed of the state's requirement and are given a copy of the case plan helps to assure that this is being done. The handbook is also provided in Spanish.

The In-Home Family Services Agreement is to be developed within 30 days of the case decision to substantiate abuse, neglect or a finding of *services needed*. It is updated every three months thereafter to coincide with the Family Strengths and Needs Assessment and Risk Reassessment updates or whenever family circumstances warrant a change. Counties use CFT meetings to develop the Service Agreement or update it if circumstances warrant changes. The signatures of the parent/caregiver, the child if cognitively and emotionally able to participate with the development of the agreement, the worker and the supervisor are all required on the In-Home Services Agreement. If the child was able to participate and did not sign the form, the worker should include an explanation of why the child did not sign. The children that did not participate in the development of the agreement sign the plan if deemed appropriate by the worker and the family. By signing the agreement, the family, the worker, the child or children and any others who were involved with the development of the plan agree to work toward meeting the identified needs.

There shall be a written Out of Home Family Services Agreement developed for each child placed in DSS custody and/or placement responsibility and a case review system ensuring that each child receives a comprehensive case review at least every six months. The Out of Home Family Services Agreement shall be developed within 30 days of the child coming into custody or placement responsibility and shall be updated every 6 months or when circumstances change and is designed to coincide with the Permanency Action Team Meeting. The Out of Home Family Services Agreement shall include a primary permanent plan goal and an alternative

permanent plan goal that will be implemented if the primary goal is determined to be inappropriate or unworkable. The Out of Home Family Services Agreement shall include a written visitation plan. The first Permanency Planning Action Team review shall occur within 60 days of placement. The second Permanency Planning Action Team review shall occur within 90 days of the first agency team review. Subsequent reviews shall occur no less than every six months thereafter. Each Out of Home Family Services Agreement shall contain documentation to show the involvement of the family in its development and that a copy of the plan was provided to the parent(s), guardian, or custodian. The child's record shall contain documentation of placement dates and the reasons for removal.

NC's policy requires that the parent's participation begin no later than the removal of their child. At that time they are informed of their rights and responsibilities, including participating in the development of the case plans. In-home services cases include a parent-agency partnership prior to the child's removal, so parents are familiar with the process and procedures. North Carolina requires that a case plan be developed with the parent in accordance with a standardized format whenever we are providing involuntary services to protect children, prevent removal or effect reunification.

The case plan discussion begins with an analysis of the risk assessment process. The risk assessment provides an opportunity to assess the family from a broad perspective of 22 different factors that focus on needs and deficits, as well as resources and strengths. A wide angle lens is used to assure that the family is seen not only from the perspective of the problems, but also with the perspective of the strengths and resources that might provide a solution to the problem. North Carolina has a standard that requires not only the completion, but also imposes a limited time frame, 30 days, and requires the participation of the parents.

The case plan form was designed with an emphasis and focus on parental strengths, has a place for parents to write their comments and requires parents' signatures. Parents participate in the determination of what services are indicated to remediate family problems that cause continued agency involvement. NC policy requires that this plan be reviewed with the parents at least every 90 days in order to evaluate the progress.

The Out of Home Family Services Agreement guides all of the agency's work in providing child placement services at all stages of a placement case. The value of the Out of Home Family Services Agreement cannot be overemphasized. This instrument serves as the framework upon which the agency's work with the family and child is based. Far from just another piece of paperwork, the information contained in a well-prepared Out of Home Family Services Agreement: assures attention to critical needs in the family; guides overall planning and service delivery for families and children; documents objectives that parents must meet for reunification and documents behaviorally specific activities necessary to meet objectives; assigns responsibility for activities; documents the level of progress of the family toward reunification; meets the requirements of Federal and State law; provides documentation necessary to draw Federal IV-E funding for agency staff; provides documentation for the Court; and documents reasonable efforts by the agency, in preparation for termination of parental rights.

The Out of Home Family Services Agreement documents what must change in order for the parents to meet the needs of the child. Clear, relevant Out of Home Family Services Agreements identify the desired changes and provide documentation of the changes that have or have not occurred.

Practice since the previous Review has been impacted by MRS. This alternative response system authorized the use of family assessment tools and family support principles when responding to selected reports of suspected child neglect. As a result of this legislation and system change, several new tools and collaboration efforts were developed to assist the CPS assessment and service delivery from the point of an intake report all the way through the in-home and out-of-home family services agreement.

State biennial CFSR results indicate that of 778 cases reviewed from July 2003 – June 2005, 91% were rated as a strength on Item #18, child and family involvement in case planning, while 89% of 433 cases reviewed between July 2005 – June 2006 were rated as a strength. North Carolina's onsite review instrument looks at the use of case plans by social workers. The onsite review instrument addresses whether a plan is completed with the family and evaluates the level of participation of those involved in developing the case plan. Reviewers evaluate whether the children age twelve and over and the mother and father sign the plans. Reviewers also assess whether the strengths and needs of the family are identified and documented by the social worker, whether particular services directed at the targeted needs of the family are identified and utilized by the family members and whether the progress made by the family members during the time period that the case is open is assessed.

County DSS agencies use CFTs to engage parents, appropriate children, other persons identified by and with the family who are committed to the child and family and are invested in helping them change, and if the child is in care, the foster parents. The meetings produce decisions regarding what is needed to assist a family to develop the capacity and capability to assure the child's health and safety and to meet the child's well being needs. The team remains active with the family throughout the life of the case. The meetings are convened by the social worker to develop or update the In-Home Family Services Agreement, when a significant decision is to be made that impacts the child or family, or when there is a need to discuss a child's health, safety, or permanence.

In all cases where the child is in foster care, teams should meet prior to the child coming into care, prior to reunification, and prior to any placement change. Team meetings should also occur timely in order to meet required time frames for permanency planning and other judicial reviews. Team meetings can also be used to serve the requirements for Permanency Planning Action Team Meetings. Team meetings should be convened by the social worker to develop or update the Out-of-Home Family Services Agreement, when a significant decision is to be made that impacts the child or family, or when there is a need to discuss a child's health, safety, or permanence. In placement cases, team meetings should continue until the child has achieved permanency.

Both custodial parents and non-custodial parents should participate in the development of the agreement. In some cases, separate agreements may be appropriate. If a non-custodial parent is not involved in the planning, documentation should reflect why. An example of this would be a non-custodial parent who has expressed a desire to not be involved in the child's life, who has never had any involvement in the child's life, who refuses any contact with the child and refuses to cooperate with the social worker in the development of an agreement.

The success of institutionalizing the case review requirement is often affected by the stakeholders' understanding that the requirement exists. Since the early 1980s, Juvenile Judges Certification Training has included material in reference to case plan content and completions. Judges have come to expect that social workers will include a copy of the case plan with their court presentation or report, and, in many instances, the case plan becomes incorporated as part of the court order. Therefore, the judiciary is part of the monitoring process and their expectations for children in placement reinforces the State's policy requirements.

The Guardian ad Litem (GAL) program in North Carolina is a state supervised and administered program that exists in all counties. The training for both guardian ad litem staff and volunteers includes discussion on the importance of case plans. GALs are conversant with the concept of the case plan process and its use in working with families and have come to expect to see this in their contacts with the cases.

Feedback from State Collaborative stakeholders regarding barriers includes: there is a lack of support services to adequately address the issues discovered through the assessment or provision of CPS In-Home Services, especially in rural areas where support services needed may not be located within the same county of origin, insufficient number of service providers who speak family's primary language.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

NC policy requires court reviews. Each county is monitored for this during each biennial review. NC law and policy requires a court review within 90 days of the date of the dispositional hearing and every 6 months henceforth. Every county in the state has had training in this policy and knows that court reviews are requirements. IV-E monitoring and biennial reviews have confirmed that counties are aware of the requirements of reviews and are complying. The requirements for court reviews under VPAs must also be followed. Court reviews are not required for young adults participating in CARS agreements.

In any case where custody is removed from a parent, a court review shall be conducted within 90 days from the date of the dispositional hearing and shall be conducted within 6 months thereafter. DSS shall make timely requests to the Clerk of Court to calendar each review at a session of court scheduled for the hearing of juvenile matters. The Clerk of Court shall give 15 days notice of

reviews to: the parent or person standing in loco parentis; the juvenile if 12 years of age or more; the guardian; the custodian; the foster parent; the agency with custody; the guardian ad litem; any other person the court may specify.

The Court may waive review hearings; may require written reports to the Court by DSS in lieu of review hearings; or order that review hearings be held less often than every 6 months if the Court finds by clear, cogent, and convincing evidence that: the juvenile has resided with a relative or been in custody of another suitable person(s) for at least one year; the placement is stable and in the juvenile's best interest; neither the juvenile's best interest or rights of any other party require a hearing every 6 months; all parties are aware that the matter may be brought before the Court for review at any time by filing of a motion for review; and the court order has designated the relative or other suitable person as the juvenile's permanent caretaker or guardian of the person of the juvenile.

At every review hearing, the Court shall consider information from the DSS, the juvenile, the parents or person standing in loco parentis, the custodian, foster parents, the guardian ad litem, and any public or private agency. In each case, the Court shall consider and make written findings regarding: services to reunite the family, or whether efforts to reunite the family clearly would be futile or inconsistent with the juvenile's need for a safe, permanent home within reasonable period of time; where return home is unlikely, efforts which have been made to evaluate or plan for other methods of care; goals of placement and the appropriateness of the foster care plan; a new foster care plan, if continuation of out-of-home care is sought, that addresses the role the current foster parent will play in planning for the juvenile; an appropriate visitation plan; if the juvenile is 16 or 17 years of age, a report on an independent living assessment of the juvenile and, if appropriate, an independent living plan developed for the juvenile; reports on the placements the juvenile has had and any services offered to the juvenile and parents; when and if termination of parental rights should be considered; and any other criteria the court deems necessary.

NC developed requirements for what should be presented in court that grew out of collaboration among state staff, county staff and the judiciary. The stakeholders, which include county staff, judges, GALs, parents and community resource providers are regularly involved in court reviews. Policy requires that each of the people in the review, including parents and children over 12 years of age, be notified of the date of the review. Parents are further informed of their right to have their attorney present. This provides parents with another opportunity to be part of the review of the case plan, examine the provision of services, and request other necessary services.

In many jurisdictions, judges schedule court reviews on a more frequent basis than required by statute. It is not unusual for cases to be reviewed every 3 months. The Director of the Administrative Office of the Courts is committed to the judicial branch's role in meeting Federal ASFA guidelines and has communicated this to all local district court judges.

County staff are required to enter on the DSS 5094 (Child Placement tracking form) all information related to a child in custody. They must update this form as the required actions in reference to court reviews occur. A monthly case management report is produced for each county with specific information for each child's court review and eligibility status, reflecting when they are due or overdue. This provides management in each county the ability to monitor compliance with policy and statutes in reference to court hearings. This report is also available to the Children's Program

Representatives (CPRs) who use this to help counties focus their efforts and also use this to select cases for monitoring during county on-site contacts.

North Carolina currently has Family Court programs in eleven districts covering 18 counties. Those counties include Mecklenburg, Durham, Cumberland, Halifax, Anson, Richmond, Stanly, Union, New Hanover, Pender, Wayne, Lenoir, Greene, Catawba, Caldwell, Burke, Wake and Buncombe. A major goal of Family Court is to coordinate all the case management and service agency efforts for a single family in distress. Family Courts offer a more consistent, efficient use of trial time for these cases. Family Court not only provides more consistent and efficient service to the families, but court time is also used more effectively. The concept is a change in the way courts have addressed family issues in the past. Expectations are that it will particularly benefit the children in that cases will be settled in shorter times and the process will not add to the family's conflicts. Under the Family Court concept, local alternative dispute resolution programs, such as mediation, are used frequently to resolve the issues without the court issuing with family matters. For families facing multiple legal issues, Family Court provides referrals to mediators, counselors, or classes that may help families reach their own acceptable resolutions without having a judge make the decision for them. The judge becomes the last resort if there is no resolution.

A 2006 evaluation of the North Carolina Family Court Pilots indicates that Day One Conferences have a real impact on expediting permanency. Only 8% of the Day One cases were open at the end of the study period, 19% of the other Family Court cases, and 23% of the Comparison District Court cases. The evaluation found that Day One Conference are occurring in only one quarter of Family Court cases.⁶ AOC is addressing in several ways: through Family Court Chief Judges recommitting to making Day One Conferences a priority, and mandating the occurrence of Day One Conferences in new case management projects funded by AOC.

JWISE, AOC's information system is not statewide, but is being used in over 60 counties. AOC's ASFA module captures much of what is included in the below key performance measurements. They are the basis for AOC's ASFA reporting. AOC's current focus has been on compliance. All of AOC's reports flag cases that are out of compliance with ASFA timelines. AOC is continuing to enhance the ASFA module based on the priorities set by the J Wise Advisory Committee. Below is an outline of what the system provides:

1. Safety: Percentage of children who were victims of child abuse or neglect while under the court's jurisdiction. – the TPR report identifies cases where there were prior abuse/neglect allegations - before the case was a TPR case. AOC does not currently calculate the percentage but the data exists to do so.
2. Safety: Percentage of children who were victims of child abuse or neglect within 12 months after the court's jurisdiction ends. – Per AOC's Advisory Committee, the courts jurisdiction does not end until the child ages out of the system. Therefore the only cases this could be calculated

⁶ Kirk, Raymond S. and Griffith, Diane P. , Final Reassessment Report, Final Evaluation of the North Carolina Family Court Pilots

on are cases where the child has aged out of the system. The decision on how to handle the records of children older than 18 has not been made by the Rules of Recordkeeping Committee.

3. Permanency: Percentage of children who reach legal permanency by reunification, adoption or guardianship. This is under development.

4. Due Process: Percentage of cases in which both parents receive written service of process on the original petition. AOC currently captures the service information for both parents. AOC includes this information on several different reports. AOC does not currently calculate the percentage but the data exists to do so.

5. Due Process: Percentage of cases in which all hearings were heard by one judicial officer. AOC does not currently calculate the percentage but the data exists to do so.

6. Timeliness: Time to Permanent Placement (average or median time from filing of the original petition to permanent placement). This is under development.

7. Timeliness: Time to Adjudication (average or median time from filing of the original petition to adjudication). AOC can calculate this information. AOC currently calculates the time from filing to adjudication for each allegation.

8. Timeliness: Time to First Permanency Hearing (average or median time from filing of the original petition to first permanency hearing). This is under development.

9. Timeliness: Time to Termination of Parental Rights (average or median time from the filing of the original petition to termination of parental rights) AOC does not currently calculate this but the data exists to do so.

The legal and judicial survey indicated that the state is providing effective periodic reviews of cases.

- 70% agree that reviews effectively push parties to achieve case progress (though 16.7% “Somewhat Disagree,” no one “Strongly Disagree” with this statement);
- 86.6% indicate that reviews assess family progress;
- 90% indicate that reviews assess agency follow through;
- 83.3% of the respondents agree that reviews make a good record of case progress (10% of the respondents “Somewhat Disagree,” and 0% “Strongly Disagree”);
- 73.3% of the respondents indicate that there are specific findings as an outcome of a review;
- 73.4% indicate that review findings reflect family progress and agency efforts to achieve permanency for the child.

Of youth in foster care that responded to the survey, 68.2% said they participated in court hearings concerning their placement.

Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

A permanency planning hearing in court is required by law within twelve (12) months of a child entering care. This is a critical hearing in the case. The agency should have a clear plan for permanence that is based on the shared decision-making process. Also, if the plan for reunification is discontinued, a permanency planning hearing is required by law within thirty (30) days of that decision.

The permanency planning court hearing is held to develop a plan to achieve a safe, permanent home for the juvenile within a reasonable period of time. The court report should specify what efforts the agency has made to achieve permanence for the child. The court report shall contain the agency's findings and recommendations on: reasonable efforts to reunify the child and family; whether it is possible for the juvenile to be returned home immediately or within the next six months and, if not, why return home is not in the juvenile's best interests; when return home is unlikely within the next six months, information about relatives or other suitable persons who are willing to adopt, become legal guardian of the person of the juvenile or legal custodian of the child; when return home is unlikely within six months, whether the permanency plan goal should be changed and whether the juvenile should remain in the same placement or be placed in another placement and why.

If the juvenile is not returned home, the judge shall make specific findings as to the best plan of care to achieve a safe, permanent home for the juvenile within a reasonable period of time and shall enter an order consistent with those findings.

Subsequent permanency planning hearings shall be held at least every six months thereafter, or earlier as set by the court, to review the progress made in finalizing the permanent plan for the juvenile, or if necessary to make a new permanent plan for the juvenile.

Seventy-three percent of the respondents to the legal and judicial survey felt that permanency hearings are held in a timely manner and 70% agree that the state's permanency options (adoption, guardianship) provide adequate assurances of stability and permanency. Legal and judicial stakeholders did express other concerns about the permanency hearing process:

- 46.7% indicate that the rotation of judges in and out of juvenile court is prohibited (26.6% disagree);
- 46.7% agree that cases are kept by a single judge from the time of the child's removal through adoption, as opposed to being transferred among different judges or courts (36.7% disagree);
- 66.6% agree that there are comprehensive time limits governing every stage of the court process;

- 46.6% disagree that efficient processes to avoid rescheduling of hearings and other court delays (36.6% agree);
- 46.6% disagree that hearings are scheduled for consistent times and they begin on schedule (40% agree);
- 46.7% indicate that judges have workloads that allow them to hold hearings on time, and to conduct full, thoughtful hearings (30% disagree);

Item 28: Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

North Carolina exceeds the ASFA requirements for TPR, requiring that when a child has been in placement out of the home for 12 of the most recent 22 months, a proceeding to terminate parental rights must be initiated unless certain conditions exist. This is tracked through the Child Placement and Payment System and counties receive reports on this issue on a regular basis.

The Court may terminate the parental rights upon finding by clear, cogent and convincing evidence that one or more of the following conditions exist and that those findings of fact support a conclusion that parental termination should occur:

- The Court has found that the parent has abused or neglected the child in accordance with the definitions of N.C.G.S. 7B-101.
- The parent has willfully left a child in foster care for more than 12 months without showing to the satisfaction of the Court that reasonable progress under the circumstances has been made within 12 months in correcting those conditions that led to the removal of the child.
- The child has been placed in the custody of a County Department of Social Services, a licensed child placing facility, a child caring institution, or a foster home, and the parent, for a continuous period of 6 months immediately prior to filing of TPR petition, has willfully failed to pay a reasonable portion of the cost of care for the child although physically and financially able to do so.
- One parent has been awarded custody of the child by judicial decree, or has custody by agreement of the parents, and the other parent whose parental rights are sought to be terminated has for a period of one year or more next preceding the filing of the petition willfully failed without justification to pay for the care, support and education of the child, as required by said decree or custody agreement.
- The father of a child born out of wedlock has not prior to filing of petition to terminate his parental rights:(1) established paternity, (2) legitimated the child, (3) married the mother of the child or (4) provided substantial financial support or consistent care with respect to the child and mother;
- The parent is incapable of providing for the proper care and supervision of the child, such that the child is a dependent child, and there is a reasonable probability that such incapability will continue for the foreseeable future. Incapability under this subdivision may be the result of substance abuse, mental retardation, mental illness, organic brain syndrome, or any other similar cause or condition.

- The parent has willfully abandoned the child for at least 6 consecutive months immediately preceding the filing of the petition. For the purposes of this section, a child may be willfully abandoned by his or her natural father if the mother of the child had been abandoned by and was living separate and apart from the father at the time of the child's birth, although the father may not have known of such birth; but in any event the child must be over the age of three months at the time of the filing of the petition.
- The parent has committed murder or voluntary manslaughter of another child of the parent or other child residing in the home; aided, abetted, attempted, conspired or solicited murder or voluntary manslaughter of the child, another child of the parent or other child residing in the home; or has committed a felony assault that results in serious bodily injury to the child, another child of the parent or other child residing in the home.
- The parental rights of the parent with respect to another child of the parent have been terminated involuntarily by a court of competent jurisdiction and the parent lacks the ability or willingness to establish a safe home.

Termination of parental rights is generally a two-part decision for the Court. First, the agency must show by clear, cogent, and convincing evidence the existence of one or more grounds for TPR. Second, even if these grounds exist, the decision to terminate the parents rights must be determined by the Court to be in the child's best interest.

The following questions should be considered in preparing evidence for the Court: Have all appropriate services been offered to the parents in a timely manner? Have the parents responded to these services in a way that demonstrates they are now able to provide a minimally sufficient level of care for their children? If the child has special needs, are the parents able, at the time of the TPR hearing, to meet those needs? Is there a reason to believe that the parents could materially improve the conditions or behavior that led to the removal of their child in the next three months if given the opportunity? Can any improvement be expected to last? What type of relationship have the parents maintained with their child since he/she was removed? What progress or problems has the child experienced while in foster care?

The agency must also present evidence that addresses best interest issues for the Court. The following questions will help develop this evidence: Which relatives or other kin have been considered for permanent placement? What is the potential for adoption by non-relatives? Is there a balance between what the child wants against what the child needs? How long has the child been waiting for a permanent home? What will happen to this child if TPR is not granted?

State biennial CFSR results indicate that of 423 cases reviewed between June 2003 – July 2005, 93% were rated as a strength on item #7, which addresses filing a TPR for children who have been in foster care 15 of the past 22 months, while 96% of 242 cases reviewed between July 2005 and June 2006 were rated as a strength.

North Carolina's data profile presents evidence that timely termination of parental rights is a strength for the state. In SFY 2005, of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, 14.2% became legally free for adoption during the first 6 months of the year shown. The national median regarding this measure is reported to be 8.8%. Further, of

all children who became legally free for adoption in the 12-month period prior to FFY 2005, 62.0% were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free, as compared to a national median of 45.8%. Finally, of all children who were discharged from foster care in FFY 2005, and who were legally free for adoption at the time of discharge, 94.1% were discharged to a permanent home prior to their 18th birthday. This final measure falls just under the national median of 96.8%.

State Collaborative stakeholders report there are some areas of the state where there is resistance to TPR – both on the part of DSS and the court system; however this is viewed as isolated and not representative of NC statewide.

Legal stakeholders were mostly disapproving of TPR and Post TPR Reviews:

- 46.7% agree that the state’s grounds for TPR allow TPR for all children unable to return home within a reasonable time and for whom adoption is appropriate;
- 83.3% indicate that judges are willing to terminate parental rights when the evidence supports that decision (please note that 60% “Strongly Agree” with this statement and 0% “Strongly Disagree”);
- 46.7% of the respondents agree that the agency files TPR petitions within 15 months of a child’s placement into foster care (43.3% disagree);
- 46.7% of the respondents disagree that there is a thorough and exacting process for reviewing decisions not to file TPR within 15 months of placement (40% agree);
- 46.7% agree that TPR hearings and findings are typically completed within a reasonable time after filing the petition but 46.7% disagree;
- 53.4% of the respondents disagree that TPR hearings proceed without interruptions (of the 53.4%, 36.7% “Strongly Disagree”);
- 70% indicate that TPR findings and decisions are made within a short time after completion of the TPR hearings.
- 56.6% indicate that TPR disposition orders map out clear plan for adoption;
- 60% agree that TPR disposition orders specify agency responsibilities;
- 46.7% disagree that TPR disposition orders set timetables (26.7% agree and 23.3% remains neutral);
- 70% indicate that post TPR reviews are frequent and timely;
- 66.6% agree that waiting time for post TPR reviews are minimal;
- 46.7% of the respondents agree that post TPR reviews effectively push the parties to achieve adoption whereas 30% disagree and 20% report being neutral;

Respondents’ comments point out a reluctance of the judges to change a case plan to adoption, particularly with older children. One respondent wrote “My biggest problem is that some judges

are of the belief that older children are not adoptable, and will therefore be too hesitant to change the plan of care of an older child to TPR/adoption.”

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

Foster parents, pre-adoptive parents and relative caregivers have been an integral part of the case review process. Children’s caregivers are noticed and given an opportunity to be heard in court reviews. In addition, state training has long emphasized the key role that the child’s caregiver plays.

Our foster parent training has always included information regarding participation in the court review process. Several counties have afforded caregivers an opportunity for input when these caregivers cannot be present at the court review. The counties disseminate a questionnaire that can be completed by the caregivers. Several jurisdictions have accepted court reports from caregivers in which they can detail the progress of the child as well as their concerns and recommendations. All 100 counties are required to give written notice of court reviews that includes the caregivers opportunity to be heard. Many counties have developed a form to accomplish this. In addition, the child’s social worker must have a minimum of monthly contact with the child’s caregiver. This affords the opportunity for discussion of the child’s progress and reminds the caregivers of the rights and responsibilities they have to be part of the review process.

Compliance with this requirement is monitored by the biennial review process. CPR’s also review cases regularly and provide input and consultation when they become aware of non-compliance. In reviewing records both during county contacts and during the biennial review, we discovered that written notice to court reviews, containing the notification of opportunity to be heard, was not being sent consistently to caregivers or children 12 years of age and older. In many jurisdictions, the clerk of superior court sends the notification using a standard form. These forms did not always contain the complete required language about opportunity to be heard. In other cases, caregivers were being noticed orally and there was not written documentation present in the records. All counties are aware of the DSS responsibility to coordinate or provide the notification to caregivers and children 12 years of age and older. County DSS’s use a standardized form to notify caregivers and children 12 years of age and older of court reviews. AOC plans to make suggested changes in the juvenile code in 2007 in order to make the language in the statutes more clear on this issue-- who has right to receive notice of hearings.

The legal and judicial stakeholders surveyed, for the most part, responded favorably to legal notice requirements and proceedings:

- 80% of the respondents indicate that notice requirements are clear for the early, middle and late stages of each case;
- 73.3% agree that state law requires formal notice on both parents, including putative father for adjudication;

- 63.4% agree that the law allows efficient notice and search requirements that don't delay the case;
- 60% agree that there are early special hearings to focus on notice and ensure that parties are served;
- 66.7% agree that there are court findings when notice is not completed as required;
- 46.6% agree there are procedures for speedy searches for missing parties (23.3% disagree);

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

The State's quality assurance system is a multi-layered system, designed to ensure that children's services programs in all 100 county Departments of Social Services in the state are focused on ensuring safety, permanency, and well-being for children and their families. Inherent in a county administered system, there are variations in the day-to-day delivery of children's services. North Carolina is diverse geographically, demographically, economically, and culturally. There are counties that are largely urban areas, counties that are predominantly rural, and counties that are a mixture of both. Issues facing families in the individual counties differ according to all of these factors. Counties vary in community accepted standards for minimally sufficient levels of care for children. However, the role of state supervision for children's services programs is to provide for a reasonable level of consistency across all 100 counties through state law and policy, consultation, training, and quality assurance reviews.

Child welfare policy was revised as a part of the State's Program Improvement Plan to address deficiencies noted during the Federal Review. New policy was also implemented at that time to help bring about consistency in practice across the state in how to address CPS Investigative Assessments when identical allegations and new allegations are made and how to address new allegations made during the provision of In Home Services or Foster Care/Child Placement Services. New policy was also implemented addressing the need for assessing and planning for children's well being needs (educational, physical and mental) during the provision of In Home Services. Revisions included the following:

- Language specifying that children, age 12 years or older and cognitively and emotionally able to participate, should be a part of the development of the Family Services Case Plan, the Service Agreement.
- Compliance with new legislation reducing the time period for initiating a Termination of Parental Rights proceeding from 15 to 12 of the most recent 22 months, effective January 1, 2002.
- Clarification of the requirement that the court must make the decision about abandoning reunification efforts
- Compliance with new legislation regarding voluntary placement agreements with unemancipated youth in foster care. The revision shortened the time period from 180

consecutive days to 90 consecutive days within which the initial review hearing is to be held. The revision also required a petition to be filed prior to the end of the second 90 days.

- Language requiring that “independent living” services be offered to a youth who is in foster care and sixteen years of age or older. The revision also inserted the name “LINKS” in place of “independent living”.
- Requirement of the development of a LifeBook for any child removed from his/her home with guidelines for LifeBook contents.
- Requirement that a visitation plan among siblings be developed within one week of the children coming into care and mirrors that of visitation plans between parents and children.

The role of quality assurance, in addition to the Child and Family Services Reviews that are conducted every other year, is also carried out through the following mechanisms: Division’s Response System to Constituent Concerns, Children’s Programs Representatives, IV-E Monitoring, Child Fatality Reviews, Program Improvement Plans, Special Assistance and Improvement Team (SA-IT), NCGS 108A-74.

Two full-time staff members respond to telephone calls and written correspondence from constituents requesting assistance or information related to children’s services programs. Frequently calls are forwarded to these consultants from the Careline Office within the Department of Health and Human Services Office of Citizen Affairs. Careline is a toll-free telephone information and referral service. The consultants evaluate the constituent’s concerns and if necessary, contact the local Department of Social Services and/or the county’s Children’s Program Representative. The consultants are able to help the constituent better understand the decisions of the county and the reasons for certain actions or in-actions. The consultants also provide consultation and guidance to the county staff regarding these cases if there are legitimate concerns about decisions made or actions taken that do not conform to law, policy, or best practice. The Division receives and responds to between 25 and 30 letters and 80 e-mails from constituents per month. The Division averages 80 to 100 calls from constituents per month

The Family Support and Child Welfare Section has eight program consultants called Children’s Program Representatives (CPRs). Each CPR has a territorial assignment of eleven to thirteen counties. The primary duties for the CPR are to provide program oversight, supervision and support to county Departments of Social Services (DSS). It is the Division’s belief that strong program oversight at the state level will improve county DSS agencies’ capacity to ensure safe, permanent homes for children.

During state fiscal year 2003-2004, two full time Program Compliance Monitoring (PCM) positions were established to conduct the fiscal monitoring process for several federal and state funded child welfare programs for which the section is responsible. Programs monitored include: IV-E eligibility determination, redetermination for IV-E maintenance payments, Social Services Block Grant (SSBG) funding, and TANF transferred to SSBG funding.

The Program Compliance Monitors play a major role in the protocol for recouping County Responsible Overpayments for ineligible IV-E cases as well as identifying areas needing policy

clarification and additional training. They must, therefore, be very knowledgeable of funding policy for the programs they monitor and maintain ongoing communication with other staff regarding funding and practice issues.

North Carolina completed a Federal IV-E Eligibility Audit and was found to be in substantial compliance with federal requirements to receive Title IV-E funds for children in foster care. The strengths identified within North Carolina's judicial system by federal reviewers during the IV-E audit were:

- Overall, grounds for the issuance of court orders were detailed with child specific and individualized orders
- Court reports were detailed regarding efforts to prevent placement, case history, child's situation, agency plan and recommendations.
- Court orders identified the counties with responsibility for placement and care of the child under review.
- Judicial determinations of contrary to the welfare and reasonable efforts generally were timely and child-specific and in conformance with Federal requirements.

County Departments of Social Services that fail to achieve substantial conformity in any of the seven outcome areas of the CFSR are required to develop a Program Improvement Plan, with assistance from their CPR. The PIP outlines steps the agency will take to correct deficiencies noted during the onsite Review. In the biennium that ended June 30, 2005, 77 counties were required to develop Program Improvement Plans in at least one of the seven Outcome Areas of the Child and Family Services Reviews.

The mission of SA-IT is to provide intensive, specialized assistance to counties that will improve their capacity to ensure safe, permanent homes for children. SA-IT is committed to the following: analyses that are comprehensive and outcome focused; improvement strategies that are based on best practices models; partnerships with agencies that utilize a strengths-based approach; development of leadership skills that enhance service delivery.

Throughout the process, the SA-IT consultants continuously provide evaluation of the agency's progress through performance measures. They coach agency leadership on how to establish and use evaluation tools. At the end of SA-IT involvement, the team completes a formal written document on the process in that county that focuses on improvements in agency performance. At the point that the agency is performing consistently higher than at SA-IT entrance as shown by measurable data, the SA-IT team exits the county.

NCGS 108A -74 – strengthens state supervision of county DSS child welfare programs and ensures that services are appropriately provided to achieve safe, permanent homes for children in the state. The legislation allows the Secretary of Health and Human Services to take action to ensure the delivery of child welfare services in accordance with State laws and applicable rules. The Secretary may invoke this statute as a result of poor performance on a Biennial Review, serious concerns uncovered by a fatality review, or any other measurable method of inadequate agency performance.

The quality assurance strategies discussed here provide a range of assessment, assistance, and modes of corrective action to ensure that children in foster care, as well as children receiving in-home services, are provided quality services that protect their safety and health.

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

The Child and Family Services Review process is designed to measure outcomes and practice and to provide public accountability for all county DSSs and for the Children's Services System statewide. The reviews provide a mechanism for evaluating the Children's Services System's response to children and families; for identifying management, training, system and policy issues; for recognizing strengths in practice; and for making recommendations to strengthen the delivery of all children's services programs statewide.

After the 2001 Review, and the State's entrance into Program Improvement Status, the Division suspended Biennial Reviews in July 2001, and spent the next two months completely redesigning the review protocol, process and instruments to mirror the Federal Child and Family Services Reviews. The redesigned process, protocol and instruments were implemented in October 2001, and the Biennial Review process became officially known as the Child and Family Services Review. In addition to adapting the federal review instrument, the revised review process also included input from community stakeholders' surveys and interviews with parents, placement providers, age-appropriate children, social workers, supervisors and other professionals involved with the families.

A team of reviewers consisting of Division staff from the Child and Family Services Review Team and the CPR for the county being reviewed partner with staff from the county DSS during the onsite review process. The number of teams participating in the on-site review depends on the Level of the county, but can vary in size from three to six teams with two people on each team. Full team debriefings are conducted on each case, as in the Federal Review process. Formal Improvement Plans are required from each county in any outcome area that does not achieve substantial conformity.

A draft report containing the results of the Child and Family Services onsite review is submitted to the county DSS within 30 days of completion of the onsite review process for their review, input and response within 10 working days of receipt of the draft report. When the official report is released, the county DSS, with consultation from their CPR, develops and submits a Program Improvement Plan to the Division, within 30 days of the date of the final written report, that addresses the areas identified as needing improvement. The CPR monitors the agency's progress, and when the goals of the PIP are met, the Division notifies the agency in writing of their removal from PIP status.

From July 2003 - June 2005, Child and Family Services Reviews were completed on all 100 county DSS agencies. In addition to the Child and Family Services Reviews, five quarterly reviews were also completed on Mecklenburg County Department of Social Services Youth and Family Services Division during the same time period for a total of 105 reviews.

The items needing the most improvement statewide include the four items related to Safety Outcomes 1 and 2. Also, Item #7 under Permanency Outcome 1, related to the appropriateness of the permanency goals for children and meeting the Federal Adoption and Safe Families Act (ASFA) requirements for filing termination of parental rights (TPR), as well as Item #9, which deals with timely adoptions for children with the permanency goal of adoption were significant areas in need of improvement statewide. All four items under Well Being Outcome #1 were identified as needing special attention statewide, as well as Item #3, Well Being Outcome 3, which deals with children receiving adequate services to meet their mental health needs. As during the last biennium, no county failed to achieve substantial conformity in all outcome areas.

As a part of the Child and Family Services Review process, each county DSS submits a self-survey and is asked to include discussion in the self-surveys about improvements made by the agency since the last Child and Family Services Review, strengths identified by the agency, their use of data resources for self-evaluation, and areas that the agency needs to improve.

North Carolina's Child and Family Services Review process has strengthened the focus of the provision of Child Welfare services on achieving the outcomes of Safety, Permanency and Well Being for children and continues to be a learning opportunity for county staff. Some agencies continue to use the results of the Child and Family Services Review to bring the strengths of their programs to the attention of the public and to support requests for funding for additional staff. The process has provided an opportunity for more dialogue regarding practice and outcomes, particularly around program improvement.

D. Staff and Provider Training

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

The Children's Services Statewide Training Partnership (CSSTP), established in 1998 as a result of State law, seeks to establish a systematic, responsive training program so service providers will help families and children achieve safety and timely permanence. Ten goals for its 2000-2005 Strategic Plan for Training have been accomplished: to formalize an ongoing process for reviewing and adopting child welfare competencies that are comprehensive, relevant, and responsive to the changing child welfare system in North Carolina, to provide standardized pre-service and foundation-level training for all new child welfare services employees, to provide specialized and advanced practice in-service training to child welfare services employees and other community professionals, to implement and utilize the Individualized Training Assessment

(ITA) statewide computerized tracking system (formerly named Individual Training Competency Assessment), to develop a pool of competent trainers (both NCDSS staff and contract) to meet the changing needs of North Carolina's child welfare system, to design a dynamic curriculum development system that emphasizes competencies, social work values, ethics, and North Carolina's child welfare policy in all learning tools, to establish fully-functional regional training centers, to ensure that evaluation becomes an integral component of the training system, including: evaluating trainers, participant learning, curricula, competencies, the ITA process, training outcomes for children and families, cost analysis, and general satisfaction with training system responsiveness, to have a policy and administrative structure that promotes ongoing and collaborative planning, management, and evaluation of all system components, to develop and implement a transfer of learning system that is comprehensive, consistent, and structured, and to prepare undergraduate and graduate level social work students for work in children's services in county departments of social services.

Growth of Statewide Training

Key Statistics	1998	1999	2000	2001	2002	2003	2004	2005
Curricula offered	24	34	43	47	50	50	49	53
Training events offered	170	222	285	285	252*	329	388	487
Number of the above events offered at regional training centers	58	164	213	218	188*	191	210	218
Training days delivered	717	1,078	1,162	1,281	1,127*	1,267	1,457	1,745
Times <i>Child Welfare in North Carolina</i> (the preservice) was offered	20	43	39	44	41	42	42	43
Registrations from County DSS's	5,959	6,390	6,419	5,262	4,657	7,596	9,224	12,355
Registrations from other agencies	342	651	1,112	983	950	987	1,115	1,168

**Reduction due to inclement weather*

During 2005, Participant Satisfaction Form (PSF) data from child welfare trainings conducted during 2004 were analyzed. The primary purpose of this form is to furnish information for efficient management of the training system based on timely identification of trainee satisfaction and dissatisfaction with various aspects of training. The PSF covers three broad areas: the training curriculum, effectiveness of training delivery, and satisfaction with training arrangements and physical facilities.

Between January 1 and December 31, 2004, a total of **7,199** PSFs were completed and returned from **343** training events, conducted by **92** different trainers at **63** different sites across North Carolina. The report findings were extremely positive. Training participants appear to be very satisfied with almost all aspects of the child welfare training system, including curriculum, trainers, and (for the most part) facilities. Suggestions were made for review of several curricula and use of certain training facilities. In addition to the 2004 PSF report, two separate supplemental reports were prepared to provide training managers with information on participant perceptions of individual trainers during this time period. Also, during the period of **January 1,**

2005 through December 31, 2005 a total of **8,977** PSFs were completed and returned from **428** training events (equivalent to **548** weeks of training), conducted by **75** different trainers across North Carolina. The 2005 PSF data will be analyzed and reported in a forthcoming report.

In 1995, the N.C. General Assembly passed 131D-10.6A. This law required that foster care and adoption social workers receive 84 hours of pre-service training and 18 additional hours of in-service training annually thereafter. It also required that foster parents receive 30 hours of training prior to licensure and 10 hours of in-service training annually thereafter. In August 1997, the General Assembly passed a new law that makes 72 hours of pre-service (prior to direct client contact) and 24 hours of in-service training for all county DSS child welfare services staff and supervisors mandatory. NC is not having any issues meeting this statutory mandate, staff are completing the required pre-service and in-service training and this is tracked through a database managed by our Staff Development Team. The mandatory pre-service prior to direct client service has become a way of life for county staff.

MRS does more than change the way agencies respond to reports of abuse and neglect. Because the aim of this effort is to make the child welfare system more family-centered, MRS employs seven strategies for reform. MRS changes the way social workers, foster parents, and others do their jobs throughout the entire continuum of child welfare. Division sponsored training has evolved to address all seven MRS strategies.

The Pre-Service Training (PST) Knowledge Assessment, a 68-item instrument designed to measure PST participant learning, was finalized, and the assessment and reporting process began in March 2004 and continued throughout 2005. The Knowledge Assessment is administered to PST trainees at the end of training. It is a requirement for successful completion of the training program. Regional Training Center administrative staff send the answer sheets to UNCG where they are scanned and scored. Score reports are then sent back to the RTC administrative staff person to send to the trainee's supervisor as a part of the feedback package sent back to the county. During 2005, 467 PST trainees took the Knowledge Assessment and had their scores reported to their supervisors. The validation process for the PST Knowledge Assessment continued during 2005 to try to develop as valid an instrument as possible given system requirements and constraints. The goal is to obtain more accuracy for the reported scores and to minimize the error component associated with the reported scores. Between May and November, 2005, a 126-item instrument was utilized. Not all of the reliability coefficients for the 6 subscales met the desired .60 level, so a second instrument was developed, in partnership with the PST trainers and curriculum writers.

In collaboration with curriculum writers and trainers, evaluation staff developed knowledge assessments for the following core courses: *Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals*, *Legal Aspects of Child Welfare in North Carolina*, *Effects of Separation and Loss on Attachment*, and *Child Development in Families at Risk*. These assessments are used in an embedded evaluation design in which trainees take the assessments near the end of training, and then the trainers go over the answers as a part of the learning process. No scores are reported to counties, as these assessments are intended for curriculum

evaluation purposes only. The initial pilot tests for these knowledge assessments were completed during 2005. Effective January 2006, summary reports for each training are sent to the training managers and developers.

With the commitment the state has in supporting the development of its workforce to promote family and child outcomes of safety, permanency and well being, it has identified and initiated a number of innovative promising approaches. The CSSTP has reconceptualized itself as promoting and sponsoring a LEARNING system rather than a TRAINING system. By organizing itself into a learning system, the CSSTP recognizes that development of the workforce includes activities beyond traditional classroom coursework. It also is a responsive system that is “learner centered” so that it meets a broad range of learning needs. Following is a short list of some of the promising approaches the state is undertaking in this area.

- **Individualized Training Assessment and the Training Information Management System** – The state now has a centralized website that serves as a portal to all training practices and information. Through this website, social work staff throughout the state register for training, communicate with the training management, identify training needs, take on-line courses and participate in discussion/information forums, link to learning resources, and complete assessments of their own training needs. The Individualized Training Assessment (ITA) is a tool supervisors and staff use to identify required and recommended training and areas of needed growth. The state’s training website can be viewed at www.ncswlearn.org.
- **Child and Family Team Training** – The state has made a substantial commitment to promoting Child and Family Teams as a primary intervention for promoting safety, permanency and child well being outcomes. To that end, the Division offers **six** different curricula on Child and Family Teams including orientation training, facilitator training, and training on involving children in CFTs and safety considerations for cases involving domestic violence.
- **Cornerstone IV: Supervisors Working with Outcomes, Working with Others** This new course trains supervisors and managers across programs to use and access local, state, and national data to promote specific child welfare outcomes. County supervisors and managers use data to identify and measure progress toward improving specified outcomes.
- **Domestic Violence Training** – The state has created new child welfare policy for intervening in cases involving domestic and family violence. More than 2500 child welfare and human services staff have been trained in the new policy. Partnerships with domestic violence treatment and advocacy groups have resulted in a new skills based training being developed to assist social workers in protecting children and non-offending parents while holding perpetrators accountable, all in the context of family centered practice.
- **System of Care Training Initiatives** – The state received a federal grant to promote a statewide system of care for vulnerable children and families. Under this initiative, a number of cross-agency (involving child welfare, juvenile justice, public health, schools, mental health, etc.) training curricula have been jointly developed and piloted including cross-agency training on cultural competence and Child and Family Teams.
- **Technical Assistance and Learning Support** – The state is initiating a technical assistance

component to its learning system. County supervisors and managers can submit requests for individualized training, coaching, and mentoring that is a supplement to classroom training.

E-Learning – The State is expanding its web-based training opportunities. The required child welfare foundational course, *Child Development in Families at Risk*, is now offered on line. In addition, development is underway on using both synchronous (live) and asynchronous (at your own pace) on-line strategies for converting the required 72 hour Pre-Service Training into a blended learning (part classroom, part online) training course. A number of the partners of the CSSTP are utilizing surveys, discussion groups, and other on-line technologies to strengthen standard classroom offerings. The state’s vision is to better utilize technology to make learning more effective, not to replace face-to-face classroom and on-the-job training with computer-based training.

Item 33: Ongoing Staff Training. Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

By 2005 half of the 100 county DSS agencies were implementing MRS strategies. MRS training in 2005 focused on preparing the remaining counties to implement child welfare reform. The introductory planning event “**Multiple Response is System Reform**” was offered **19** times around the state with **760** participants. Ongoing training in family-centered practice for workers and supervisors was made available to all counties. In addition, a course for supervisors was piloted which helped agencies to collaborate internally and with community partners and to use data to achieve specific outcomes. Training on shared parenting and child and family teams was also made available. Finally, an MRS Learning Institute was held in 2005; it featured workshops and presentations to assist counties with their welfare reform efforts. This institute was held again in 2006.

During 2005 the Partnership provided many other training opportunities for staff in county department of social services and other community agencies. A total of **53** different curricula were offered during 2005. These courses were offered many times, for a total of **487** training events or **1,745** days of training. All **100** county departments of social services were served at one or more of these training events with **12,355** registrations received from these agencies. Table 2 below provides a list of curricula offered in 2005.

Table 2: Training Events and Days Delivered During 2005

	Curriculum	Total Events	RTC Events	Classroom Days	Online Days	Total Training Days
1	2003 Multiple Response System Policy Training	12	1	12	0	12
2	Adolescent Independent Living Group Work	1	0	3	0	3
3	Adoptions in Child Welfare Services	4	4	12	0	12
4	Adult Mental Health Issues Which Impact Families Served by Child Welfare	1	1	2	0	2
5	Anchors Away! How to Navigate Child and Family Teams: The Role of the Facilitator	17	3	68	0	68
6	Building Skills for Training	1	0	2	0	2

7	Case Planning and Management in Child Welfare Services	6	6	24	0	24
8	Caution: Family Meeting Ahead! A Guide for Social Workers Attending Child and Family Teams	18	2	18	0	18
9	Child Development in Families at Risk	14	12	23	146	169
10	Child Forensic Interviewing	5	5	25	0	25
11	Child Forensic Interviewing (revised version)	3	3	12	0	12
12	Child Forensic Interviewing for Supervisors	2	2	2	0	2
13	Child Welfare Domestic Violence Policy Training	63	15	124	0	124
14	Child Welfare in North Carolina	43	40	516	0	516
15	Child Welfare Services in NC for BSW Students	4	0	11	0	11
16	Child Welfare Services in NC for MSW Students	1	0	5	0	5
17	Cornerstone I - Multiple Response Is System Reform - Key Strategies for the Future Direction of Child Welfare Services in North Carolina	19	0	19	0	19
18	Cornerstone II - What Is Good for Families Is Good for Workers: A Training for Child Welfare Supervisors	3	2	12	0	12
19	Cornerstone IIIA - Partners in Change: A New Perspective on Children's Protective Services	19	4	57	0	57
20	Cornerstone IIIB - Partners in Change: An Introduction to Family-Centered Practice	24	7	72	0	72
21	Cornerstone IV - Supervisors Working With Others, Working with Outcomes	3	0	12	0	12
22	Deciding Together	2	2	6	0	6
23	Effects of Separation and Loss on Attachment	12	12	24	0	24
24	Family Support in Practice: Connecting with Families	4	0	24	0	24
25	Family-Centered Practice In Family Preservation Programs	4	0	24	0	24
26	Financial and Legal Aspects of Adoption	3	1	6	0	6
27	Foster Family Home Licensing in Child Welfare Services	3	3	9	0	9
28	Fostering and Adopting the Child Who Has Been Sexually Abused (CSA/MAPP)	3	2	12	0	12
29	Helping Youth Reach Self-Sufficiency (Foster Parent Training)	1	0	3	0	3
30	In the Best Interest of the Child: Making the Most of Visitation	2	2	4	0	4
31	Intake in Child Welfare Services	4	4	12	0	12
32	Introduction to Child Sexual Abuse	4	4	24	0	24
33	Introduction to Substance Abuse for Child Welfare Services	1	1	3	0	3
34	Introduction to Supervision for Child Welfare Services	4	4	36	0	36
35	Investigative Assessments in Child Welfare Services	9	9	36	0	36
36	IV-E: An Overview	3	3	3	0	3
37	Legal Aspects of Child Welfare in North Carolina	11	2	22	0	22
38	LINKS 101	2	0	6	0	6
39	Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals	12	2	24	0	24
40	Model Approach to Partnerships in Parenting	12	11	96	0	96
41	Money Matters: Foster Care Funding Basics	10	10	20	0	20

42	Placement in Child Welfare Services	4	4	16	0	16
43	Positive Youth Development: Working Effectively with Adolescents	4	3	4	0	4
44	Real World Instructional Event	1	0	2	0	2
45	Responding to Families and Communities Impacted by Methamphetamine	20	0	20	0	20
46	Responding to Families and Communities Impacted by Methamphetamine (revised version)	3	3	6	0	6
47	Setting the Stage for Child and Family Teams: An Agency and Community Orientation	36	1	36	0	36
48	Shared Parenting	6	6	18	0	18
49	Shared Parenting (revised version)	1	1	3	0	3
50	Structured Decision Making Assessments in Child Welfare Services	4	4	8	0	8
51	Supporting Partnerships	11	10	22	0	22
52	The ABC's of Including Children in Child and Family Teams	16	1	16	0	16
53	Understanding and Intervening in Child Neglect	2	2	4	0	4
54	Understanding Child Mental Health Issues	3	3	9	0	9
55	Understanding the Interstate Compact on the Placement of Children	4	1	4	0	4
56	Widening The Circle: Child and Family Teams and Safety Considerations	3	0	6	0	6
	Totals:	487	218	1,599	146	1,745

In 2005, the Division achieved a substantial growth in the area of Transfer of Learning (TOL). Transfer of Learning is an innovative, research-supported concept designed to support and solidify learning that happens in the classroom by augmenting it with activities outside the classroom. In partnership with the NC Family-Centered Meetings Project at NC State University's Social Work Program, the Division is pioneering efforts in this area. Based on guiding principles and practices, TOL services were enhanced and an updated title for this component of the project was created: TALS (Technical Assistance and Learning Support). With the NC Family-Centered Meeting Project's Training Coordinator overseeing this specialized approach to adult learning, other training staff assisted in networking, presenting, and engaging participants around this training component. The TALS team developed a plan for offering TALS, strategized marketing options, and created an internal system for handling TALS requests. In defining the four key components of the TOL system, the following services were identified: coaching & mentoring, observing and coaching meetings, facilitator forums.

The Division has established an annual training Institute that has served almost 800 staff across all 100 county Departments of Social Services in the past two years. Each Institute is a three-day learning event focused on skills based training on aspects of the seven strategies of MRS reform and emerging practice. National speakers as well as local experts lead intensive sessions on topics ranging from forensic interviewing, secondary trauma, facilitating Child and Family Teams, family-centered domestic violence intervention, and more. The Institute is an extension of the overall statewide learning system. Plans for the 2007 and 2008 statewide Institutes are

already underway and will expand the number of staff trained by about 400 in 2007 to about 600 in 2008.

The NC Child Welfare Education Collaborative (the Collaborative) is a joint effort of North Carolina social work education programs, the NC Division of Social Services, and other partners such as the NC Association of County Directors of Social Services and the NC Chapter of the National Association of Social Workers. Established in 1999, the Collaborative strengthens public child welfare services by increasing the number of well trained and highly committed BSW and MSW social workers employed in local departments of social services. Offering specialized educational opportunities emphasizing public child welfare practice, the Collaborative provides financial support for selected social work students who will commit to work in a North Carolina county department of social services. While they are in school, Collaborative students (child welfare scholars) satisfy all requirements for the state-mandated child welfare pre-service training. Collaborative students can begin field placement with a county department of social services without having to take the 72-hours pre-service course, and agencies can hire these students as fully qualified for child welfare social work positions and do not have to incur the expense of pre-service training.

Three MSW programs (UNC at Chapel Hill, East Carolina University, and the NC A&T State University/UNC at Greensboro – Joint MSW) and three BSW programs (NC State, UNC at Wilmington, and Appalachian State) offered the child welfare scholars program in FY 2005-2006. These six programs worked with 126 child welfare scholars: 49 undergraduate and 77 graduate students. About 24% of the scholars this year are employees (n=30) earning a social work degree while they maintain their employment at a county DSS. Nine BSW scholars graduated in December 2005 and 54 MSW graduates are expected in May 2006. The program is in the third year of a discretionary grant from the Children's Bureau that supports a modified Collaborative site at Western Carolina University. This site serves only DSS employees from the 11 western North Carolina counties and enrolled 3 scholars during 2005-2006.

Table 3: Child Welfare Education Collaborative: Key Statistics

	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
Social Work Education Programs	3	6	6	6	6	6	6
Child Welfare Scholars	31	89	115	103	111	110	126
Scholars in Field Placement	23	71	86	75	74	68	86
Graduates During Academic Year	2	35	54	62	64	61	63

Several social work education programs received a preservice training waiver from the NC Division of Social Services during the 2002-2003 academic year. This waiver authorized the programs at East Carolina University (BSW), North Carolina Central University (BSW), Western Carolina University (BSW), University of North Carolina at Pembroke (BSW) and

University of North Carolina at Charlotte (BSW and MSW) to offer a university-based version of preservice training. Students can complete the training requirement while enrolled in the social work program. Unlike scholars, these waiver students do not have a contractual work obligation upon graduation. Forty students participated in the waiver program during the 2005-2006 academic year. The waiver program provides the foundation for implementing the full Collaborative program once funding is available for these additional sites. Inclusion of these programs will significantly increase the number of new, fully-qualified MSW and BSW graduates who seek employment at county DSS's.

The Individual Training Assessment (ITA) is comprised of a web site and database that together form a **learning management system** that provides social workers with a structured environment for reviewing, assessing, and tracking their professional development. Child welfare social workers and supervisors will be able to use this system to identify job-related competencies, training interests, and needs; track their personal training histories; and develop professionally. The ITA will also provide information to training system managers to help them guide the selection, time, and location of child welfare training.

In 2004, as a result of ongoing research into the development of the ITA and a new emphasis on the movement toward distance learning, the ITA has been further developed. Accordingly, the ITA web site was reconfigured into a more generalized application for use as a portal for online learning, with the ITA now serving as just one component of a much broader and more flexible application. The new site is named the "Personalized Learning Portfolio" (PLP) and is located at www.ncswLearn.org. This web site is a place where social workers can create their own password-protected account, review their training attendance history, update their own personnel record, register online for upcoming training events, access e-learning courses, and take the ITA self-assessment.

Developed in 2005, the first phase of the ITA was implemented in spring 2006. With this first phase workers can take an assessment, view their last assessment, explore additional curricula, request a new training topic and view their training requests. Supervisors can view their workers' assessments and their training attendance history. Phase one of the ITA will also help social workers and their supervisors identify their training needs based on their current job responsibilities and it will tell them which trainings are highest priority. It provides a concise list of required, recommended, and elective courses offered by the Division and it gives them a chance to let the Division know what topics they would like for future training to address.

State biennial CFSR results are shared with the staff development team, as well as all agency employees. Regional Children's Program Representatives participate in all CFSR and are able to provide feedback to staff development and policy teams regarding needs identified during the review.

Item 34: Foster and Adoptive Parent Training. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does

the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

NC provides pre-service training as well as continuing education for foster and adoptive parents. We use the *Model Approach to Partnerships in Parenting: Group Preparation and Selection Series (MAPP-GPS)* as our primary curricula. The Division assumes the role of teaching curricula to social workers who in turn teach it to prospective and current foster and adoptive parents. *MAPP-GPS* is a comprehensive process that offers simultaneous preparation and selection of prospective foster and/or adoptive parents. The program is built upon 12 key skills for successful foster and adoptive parenting. *MAPP/GPS* participants prepare for the role of foster and/or adoptive parenting by taking part in 10 parent group meetings facilitated by the *MAPP/GPS* trainers. Participants also have individual family consultations with the trainers. Agency trainers and parents work together to develop the families' abilities in relation to 12 key skills.

The Division offers two other in-service trainings to social workers, so that they may teach them to current foster and adoptive parents: *Fostering and Adopting the Child Who Has Been Sexually Abused (CSA MAPP)* and *Deciding Together: A Program To Prepare Families For Fostering or Adoption On An Individual Basis*. We also offer an Advanced Seminar called MAPP Unite. This seminar is a forum for leaders to share activities, receive train the trainer information, discuss how MAPP fits in with MRS and have the opportunity to network with other MAPP leaders.

The Division contracts with Independent Living Resources (ILR) to deliver training to the foster and adoptive parents of adolescents. ILR has developed a three-day residency program for foster and adoptive parents, *Helping Youth Reach Self-Sufficiency*. This training is designed to develop a core group of foster parents who will provide continuing education and training to local foster parent associations on assisting foster youth to reach self-sufficiency. ILR also offers *LINKS 101*, a three-day residency seminar for independent living coordinators, devoted to providing basic life skills training. Finally, ILR offers *Real World Event Instructional Event* for foster parents, residential providers, social workers, and others interested in conducting regional Real World Youth Events which focus on hands-on experiences at making real life choices.

The Division financially supports the North Carolina Foster and Adoptive Parent Association in holding its annual foster parent conference. Held in November of each year, the conference attracts over 300 foster and adoptive parents. Foster and adoptive parents join with each other, Division and County staff to share resources and support. There is a collaborative effort to involve parents, staff, and youth in the delivery of workshops and activities. This conference is well attended and consistently receives outstanding evaluations.

In 2004 and 2006, the NCDSS sponsored a Post-Adoption Conference for adoptive parents and their children. All expenses were paid for 300 adoptive parents and their children. Sixty-four workshops were offered regarding relaxation techniques, parenting skills, parenting children who have been sexually abused, and many other topics. Children attending the conference had

workshops and activities designed just for them. Evaluations indicated that the conference was hugely successful. Adoptive parents rated the conference very highly and indicated a hunger for competent adoption training. Based on their feedback, we plan to sponsor this conference again in 2007.

Each year the CSSTP makes available to all staff in Division licensed Child Caring Institutions, Group Homes and Private Child Placing Agencies (herein referred to as Private Agency Staff) training opportunities in Adoptions, Family Foster Home Licensing, MAPP/GPS, Deciding Together, MAPP Unite, Shared Parenting, and Money Matters: Foster Care Funding Basics. The CSSTP philosophically embraces the notion that staff who are trained together, regardless of whether they come from the private or public sector, will ensure that a common vision and direction will achieve positive outcomes for children and families.

The Division is responsible for training county staff to deliver certain components of the foster and adoptive parent training program. As the delivery of this training occurs by staff at the local level, the frequency and effectiveness of the training across the State is somewhat inconsistent. The Division recognizes a need to evaluate foster and adoptive parent satisfaction and learning in the future.

The number of training days for MAPP/GPS in 2005 was 96 compared to 75 training days in 2001. This represents almost a 25% increase in training days during this period. We have consistently received positive feedback from foster parents and social workers about the usefulness of MAPP/GPS training: 99.9% of participants rank their training experience as high or very high and 98% of participants state that their knowledge has significantly increased as a result.

We have also received positive feedback from foster and adoptive parents about the foster parent conference and the post-adoption conference. Both events offer much needed support to parents who are often dealing with children who often have extreme emotional and behavioral difficulties. No formal evaluation has been completed, but we believe that these conferences help foster and adoptive parents feel less isolated and better able to cope with the problems they are encountering. We hope that the end result will be fewer disruptions of placements.

One of our most promising approaches to training foster and adoptive parents is MAPP Unite. This seminar offers MAPP leaders an opportunity to network with each other, to offer support, to share training tips, and to improve their practice by receiving feedback and resource information. As training delivery is improved, we believe that services to parents, children and families will also be improved. Another promising approach is the new pre-service curriculum for therapeutic foster parents, *Becoming a Therapeutic Foster Parent: A Pre-Service*. Foster parents will learn the role of the therapeutic foster parent, safety planning, and the use of effective parenting tools to enhance cooperation. This curriculum will give therapeutic foster parents insights into the backgrounds, behaviors, and treatment options for children in their care while helping them have a realistic picture of foster parenting children with exceptional needs. We believe that this curriculum will help increase placement stability and will help decrease repeat maltreatment.

MAPP-GPS Training for foster and adoptive applicants is being conducted on Native American reservations to help recruit parents for Native American children.

Of the foster parents surveyed, 82.8% reported receiving training that enhances their skills and abilities to cope as a foster parent. 60.3% felt informed of all agency policies and procedures that relate to their role as a foster parent. Further, 51.6% agreed that they received evaluation and feedback regarding their role as a foster parent.

E. Service Array and Resource Development

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

NC's system reform efforts since the last Review are family-centered and focus on family strengths. NC's Family Support and Child Welfare Section is unique; our community based child abuse prevention programs as well as our TANF employment program, Work First are co-located in one physical location. Family-Centered Practice and System of Care principles training occurred in 2006 with all state Division staff. Feedback from this training has been so positive, that the training is now being offered to other Sections within DHHS.

Since the review, policy addressing intervening with families experiencing domestic violence and drug endangered children have been developed and implemented. Training in all counties has been a part of implementation of both policies.

Positive state biennial CFSR results indicate that counties have an appropriate array of services and are working at the local level with mental and physical health providers, and other community service providers to assess and meet the needs of families.

Since our last Review, SDM tools and CFT have impacted our practice in Intake, in-home and out of home services. NC engages with the family by soliciting their input in completing the SDM tools. A safety assessment is completed with all accepted reports, and this assessment requires parental input. Parents identify temporary safety resources when the child is not able to remain in the home. The CFT is a group of persons identified by and with the family who are committed to the child and family and are invested in helping them change. The CFT utilizes a team decision making approach to improve the agency's decision making process; to encourage the involvement, support and buy-in of the family, extended family, and the community with the agency's decisions; and to develop specific, individualized, and appropriate interventions for children and families. The CFT recognizes and respects the family as the expert on its own children. This is a shift away from more traditional child welfare assessments and service planning, which all too often focused on parenting deficits, and often alienated the family. CFT

genuinely engages families in the planning process, jointly develops specific safety plans for children at risk, and designs in-home or out-of-home services and supports for families. To ensure the permanency of the child the CFT is used throughout the life of his or her case, up to point the child is adopted and has achieved permanency.

MRS has also given the state an outlet to determine families' service needs up front. The Duke University evaluation of the ten original Multiple Response Counties found that the counties significantly increased the average number of frontloading service minutes three years after the initiation of MRS (pre-MRS 344 minutes per child, post-MRS 441 minutes per child). When compared to control counties, the average increase in the number of frontloading minutes was significantly higher in MRS counties than in control counties (MRS counties 117 minute increase, control counties 12 minute increase). This pattern indicates that the initiation of MRS is associated with an increase in the average number of frontloading minutes that a family receives. The increase in frontloading of services is especially significant because the evaluation found that families that were assessed and received more frontloaded services during the assessment period were less likely to be re-assessed in the next six months than were families that received fewer front-loaded services. Frontloaded services also significantly reduced the likelihood that a child substantiated for neglect would come back into the system for another assessment within six months of a case decision, such that a 60 minute increase in frontloaded services minutes for cases substantiated for neglect or found services needed, the odds of re-assessment decrease by 1.3%.

Our independent living services, LINKS in NC are comprehensive. Agencies are required to conduct an objective, written assessment of youth strengths and training needs. The youth and caregiver complete the assessment. Services for young adults who aged out of foster care can include financial assistance for housing, education, employment and other supports that are indicated as needed by the individual young adult, as well as personal support, coaching, information and referral services, adult social services, participation in the county's ongoing LINKS program, and the option to re-enter foster care on a voluntary agreement if they want to go back to school. For young adults who did not age out of care, the same services are available with the exception of assistance with rent, rent deposits, room and board arrangements, and down-payments on dwellings.

North Carolina's Intensive Family Preservation program is offered through the Division's Community-Based Programs team to children in all 100 counties in NC. An analysis of IFPS outcome data by Dr. Ray Kirk at UNC-Chapel Hill determined:

- there are significant shifts in family functioning that occur during IFPS that are associated with positive treatment outcomes;
- placement prevention rates have been very steady, ranging between 88-95% of families, and 89-96% of children each year since the program began, with the SFY 2005 programs providing the best placement prevention rates to date;
- IFPS continues to be a very cost effective program, and yields a very favorable cost/benefit ratio; and

- benefits appear to accrue for families that have received the service (as measured by living arrangements of families, service utilization by families, and their apparent abilities to handle family stress).

The community-based programs team also offers Non-Intensive Family Preservation Services. During SFY 2005, 9 FPS programs provided services in 8 counties plus the Eastern Band of Cherokee Indians, serving a total of 107 families. These families comprise 160 caregivers and 254 children. In analyzing five year trends, Dr. Ray Kirk found that out-of-home placement is a fairly uncommon outcome. Less than 1% of children are placed into DSS foster care.

The community-based programs team also offers the Family Reunification Services program, which has served 468 families through 24 FRS programs across 41 counties since 1999. The Family Reunification program is also evaluated through a contract with Dr. Ray Kirk of UNC-Chapel Hill. Treatment outcomes are favorable among families served by FRS programs. At the time of case closure, 43% of children served during the last seven years were living in the home and an additional 21% were living with relatives. Thus, a combined total of 64% of children were living with parents or relatives, compared to only 45% of children living with family members at case opening. The data reveal that at the time of case closure only 36% of families had experienced the successful reunification of *all* children in the home indicating that in many families some, but not all, children are reunited with parents. However, 13% of the families not intact at the time of case closure had a reunification pending at the next court date. The data collected indicate the FRS interventions are capable of improving family functioning across all measured domains of the NCFAS-R, with 50% to 70% of families rated at “baseline or above” at case closure across the seven domains, compared to only 25% to 40% of families at case opening. Further, the validity of the scale is supported by findings that the measured improvements in family functioning are statistically significantly associated with family reunification.

Finally, the community-based services team funded 44 Family Resource Centers, which served 122,054 participants in SFY 2005. An evaluation by Appalachian State University found that the North Carolina Family Support Outcome Scale (NCFSES) assessments clearly indicate that Family Resource Centers, Adoption Promotion and Support programs, and Respite programs are meeting their goals to help both individual family members and families as a whole develop skills to strengthen their relationships, increase family functioning, promote child well-being, and prevent child abuse. For example, in the Overall Child Functioning Domain, over one-half of participants saw an increase in strengths for the Child’s Developmental Status (61.43%), Child’s Behavior (62.27%), Child’s School Performance (62.34%), and Teenager’s Movement toward Self-Sufficiency (69.63%) subscales.

Continuous evaluation of Initiatives is important to NC – we evaluate MRS, SOC and our community based family preservation programs, as well as our training delivery system. The Division manages multiple contracts with service providers, universities, and other community partners. All of our contracts are performance based.

Community resources vary from county to county – State Collaborative stakeholders have expressed concern regarding insufficient resources to address domestic violence, substance abuse and mental health issues. A promising approach to meeting unmet domestic violence needs is a regional model being led by the North Carolina Association of County Directors of Social Services, NCACDSS. The collaborative model is hoping to build capacity in rural counties lacking resources. MRS regional meetings also give county staff an opportunity to share information regarding resources.

Item 36: Service Accessibility. Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State’s CFSP?

MRS and family centered practice are in place in all 100 counties; however NC implemented MRS in three segments and there are inconsistencies from county to county regarding the rate at which reports are accepted for the alternative family assessment response. Counties have been given flexibility in making these decisions. The SDM tools are required and are completed throughout the state. LINKS services are available throughout the state; depending on the county size, there may or may not be group work that occurs with youth.

NC effectively provides services to help children safely and appropriately return to families from which they have been removed. We are a state supervised, county-administered system of social services delivery. The responsibility of the state is to provide policy, training, practice guidance, and monitoring of practice in county Departments of Social Services in order to assure compliance with Federal and state law and policy. Our regional consultants provide ongoing technical assistance to counties.

The county DSS is required to make reasonable efforts to prevent placement and to reunify children with their families when placement is necessary, so long as the safety of the child is not compromised. "Reasonable efforts" are defined as "the diligent use of preventive or reunification services by a county DSS when a juvenile's remaining home or returning home is consistent with achieving a safe, permanent home for the juvenile within a reasonable length of time." Reasonable efforts also include efforts to locate a permanent home for children who enter care and who cannot be reunified with their families

NC recognized that domestic violence and substance abuse were challenging issues for counties and developed policies and training in consultation with various stakeholders. The NCACDSS, is working to build capacity throughout the state in the area of domestic violence service provision.

Community-based programs are also available in many areas of the state:

- Intensive Family Preservation services are available in all 100 counties. In SFY 2005, 27 IFPS programs served families in 69 counties.
- Non-Intensive Family Preservation programs are available in a limited number of counties. In SFY 2005, 9 programs served families in 8 counties.
- Family Reunification programs are available statewide. In SFY 2005, 19 programs served families in 36 counties.

- In SFY 2005, 44 family resource centers provided services in their communities. Four Adoption Promotion and Support programs, and six respite programs were available to serve foster and adoptive families throughout the state.

Item 37: Individualizing Services. Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

All families are unique, and our CFT model of service delivery recognizes this basic principle. Since the Review, NC has moved from a deficit based model of child welfare service delivery to a strengths based, outcome focused model. The shared decision making and accountability which arises from the team decision making process lends itself to an individualized approach.

Our SOC efforts stress that families are the experts and that all families are unique and have strengths. In 2006, a cross agency cultural competency training was developed and piloted. Family input shaped the development of the curriculum. Feedback from the training was positive and plans are to continue this training. Through our SOC efforts, we are working towards a coordinated training and service delivery system. A cross agency child and family team curriculum was also developed and training delivered with a family member as co-trainer. The training evaluations were positive. The pre-service and continuing training that social workers are required to complete include the recognition that families are unique and culturally rich and serve to emphasize our policy which includes a specifically tailored service agreement developed within a child and family team for each family.

NC's Latino/Hispanic population is growing. Some counties experience difficulty accessing interpreting services with this population, as well as with the deaf population. The Division has made forms available in Spanish via our web-site. Service delivery to our Native American families occurs predominantly in four counties in the Western Region of NC. These counties meet regularly with tribal representatives. Recruitment of Native American and African American foster and adoptive parents is a deliberate strategy in NC. LINKS services for youth served by the agency are cited as a strength – we have a comprehensive strategy which involved the voice of youth and never gives up on achieving permanency and self-sufficiency. There are regions of NC which have a higher concentration of refugees – such as the Hmong, and Montanyards. Our policy is that every effort is made to respect the family's culture.

NC varies greatly – we have a good mix of rural and urban counties; coastal, as well as mountain counties. There is a great deal of variance regarding standard median income in NC. In our capital, Raleigh, the average median income is \$54, 988, while the median household income in NC is \$39,184.

North Carolina's community-based programs are tailored to meet individual families' needs. For example, key elements in the program design of IFPS include the use of home-based services where at least half of the face-to-face contact occurs in the family's home or community; focus on promoting family competence, building on the family's strengths; culturally competent services demonstrating understanding and respect for cultural and ethnic diversity; therapeutic and concrete services; round the clock access to family preservation caseworkers; caseloads no greater than four families at any given time, and specially trained and supported family

preservation caseworkers. Similarly, Family Resource Centers offer a range of services designed to meet the needs of individual communities. Among the ten core services that Family Resource Centers offer include Parent Education/Parent Support Groups, Academic Success Programs/Tutoring/Lending Libraries, Child and Youth Development, Parent/Child Participation Programs, Adult Literacy/Adult Education, and Health Services/Health Education, Occupational Skills/Job Readiness/Job Placement, Transportation, Community Building, and Individual Family Services Coordination.

State Collaborative stakeholder feedback indicates that child and family teams are increasing the individualizing of services, that we need to work together more to pool resources and that we need to ensure the following services are more available: mental health/substance abuse, domestic violence treatment for batterers, an array of foster care services, and post adoptive services.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation With Stakeholders. In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

The Division is committed to collaborating with internal and external stakeholders. We use the State Collaborative for Children and Families as our formal stakeholder group. The Collaborative is co-chaired by a parent and a professional and is attended by major child-serving agencies in NC. We also hold meetings outside the Collaborative's existing schedule to ensure that we have adequate time to gather information and that we have comprehensive representation. The Division has reached out to the following groups of stakeholders: courts, tribes, youth, consumers, service providers, foster care providers, county partners and legislators.

The Division has successfully implemented the Multiple Response System (MRS) in all 100 counties. One component of MRS is Child and Family Teams in CPS in-home services cases. Family Team Decision-Making meetings bring the family and community together with their natural supports and community resources for planning and decision making. Child and Family Teams have been successful in producing improved outcomes for children and families and are practiced statewide. This tool has successfully promoted better information sharing and collaboration across agencies in serving children and families.

A structured Risk Re-Assessment tool and a Family Reunification Assessment tool were both implemented 2002. Policy and Administrative Rule require specific times for the completion of the Risk Re-Assessment while the case is open. The Family Reunification Assessment is completed at designated times when a child is in foster care and helps guide the process of family involvement in decision making around family reunification.

These tools are research based, and together, provide a comprehensive set of tools that produce more consistent and thorough assessments. These tools are designed to drive the case planning process with families and to assist in decision making throughout the family's involvement.

DSS facilitates cross-agency collaboration and the use of Family Team Decision-Making. These teams have produced outstanding results in bringing the family together with their own support resources along with community resources in making placement decisions and while ensuring the development of a network of support for children and families.

There are many agencies/groups which provide the child welfare system with appropriate checks and balances. Child Abuse Prevention Leadership Team is composed of professionals, families and 2 appointed co-chairs to facilitate the implementation of recommendations from the Child Abuse Prevention Task Force report "New Directions" in child abuse prevention. Prevent Child Abuse North Carolina (PCANC) plays a vital role in raising public awareness statewide about recognizing abuse and neglect and how to report suspicions to the local DSS. Through their Helpline (1-800-CHILDREN), they provide information and guidance to citizens on how to report suspected abuse or neglect to DSS. Community Child Protection Team (CCPT) General Statutes require that all 100 counties in North Carolina have a (CCPT). Part of the responsibility of the CCPT is to provide an avenue to staff open CPS cases. This team staffing promotes better sharing of information among the involved agencies. The Fatality Review Team conducts in-depth reviews of any child fatalities involving children and families involved with local departments of social services child protective in the 12 months preceding the fatality. The collaborative, multi-disciplinary approach to these reviews along with information available to the public through the review reports, make these reviews learning tools for the entire community. DSS funds Family Resource Centers in 35 counties across the state. These centers serve as hubs for services and are located in the community and are easily accessible to families. A Training Advisory Committee is an ongoing advisory group of county, foster parents and State staff that provide input regarding new training initiatives and provide feedback on the relevance of training being provided. This advisory group develops desired training outcomes to ensure training activities address staff needs. LINKS (Independent Living) Advisory Committee was designed to develop guidelines for implementing LINKS Services. This group meets quarterly to evaluate progress and to make recommendations. The committee includes foster youth, the Transitional Housing program, Mental Health, the Bureau of Indian Affairs, private providers, DSS staff, a foster parent and a Guardian Ad Litem. SAYSO (Strong Able Youth Speaking Out) is an organization of current and former foster youth, who advocate for system improvement and reform. NC Chapter of the American Pediatric Society's Subcommittee on Child Abuse and Neglect is staffed by valued stakeholders.

NC engages in regular contact with judicial stakeholders. The Court Improvement Project Committee is facilitated by the Administrative Office of the Courts and is composed of legal practitioners, advocates and representatives from the public. The Division participates in this improvement project and receives feedback on improving the child welfare legal system. Division staff members consulted with family drug treatment court staff to create a referral flow chart, and participated in their annual conference. The North Carolina Department of Justice,

through a collaborative relationship has assigned four attorneys to the Division of Social Services.

Legal stakeholders, however, expressed concern about court –agency relationships:

- 46.7% of the respondents disagree that the agency and the court meet regularly to discuss mutual concerns (26.6% agree and 10% neutral);
- 53.3% disagree that there are staffed working groups to address court-agency concerns (please note that of the 53.3% who disagree, 30% responded “Strongly Disagree;” 23.3% agree and 3.3% neutral);
- 50% disagree that there are special projects operating that are run jointly by court and agency staff (of those 50% who disagree, 33.3% responded “Strongly Disagree;” 20% agree and 6.7% neutral);
- 36.7% disagree that courts and agencies respectfully and privately critique each other’s performance (30% agree and 16.7% neutral).

The North Carolina Commission of Indian Affairs connects community agencies with governing council of Federal and State recognized tribes. Tribal collaboration to improve outcomes for tribal children is of particular concern, and the Division has designated a contact person to focus on this effort. Currently, MAPP-GPS training for foster and adoptive applicants is being conducted on Native American reservations to recruit Native American families for Native American children. Efforts to solicit feedback from all state recognized tribes in NC continues. The Eastern Band of Cherokee Indians is located in Western NC, in Swain, Jackson, Haywood and Cherokee counties. The county DSS agencies have an open working relationship with the tribe. The Chief continues to be satisfied with the services provided to the Tribe by these county departments. The four DSS agencies work closely with the Cherokee Center for Family Services, Family Support Services Division in providing those services. A Memorandum of Agreement which will shape their work together has been drafted and is awaiting approval of the Tribal Council. Another multi-disciplinary group that meets on tribal issues is comprised of the four county DSS agencies, tribal law enforcement and attorneys, the FBI, and the US Attorneys office. This group meets regularly to discuss egregious child welfare cases in order to prevent these cases from experiencing unnecessary delays. These meeting have led to criminal charges in many cases. This group also discusses any system issues that may be preventing cases from resolution. The Cherokee Center for Family Services, Family Support Services Division, is a contractor with the Division in providing family preservation services on tribal property. The local staff position funded through this contract provides services to families where there is some danger of out-of-home placement or the family is experiencing functional challenges in the home or community. The Division staff assigned to this contract provides programmatic and technical assistance to the Tribe.

DSS participated in the Child Welfare Collaborative Initiative sponsored by ACF in Region IV. Increased emphasis has been placed on ongoing collaboration with stakeholders. Outcomes from

this increased focus are: discussion of a family stipend process to increase family participation and remove financial barriers; increased use of the special purpose work groups to develop inclusive planning activities; increased use of community forums to hear more from communities and to use the information gathered to improve the child welfare system; increased sharing of information and data from reviews, empirical data, etc. with stakeholders.

North Carolina has taken steps to strengthen its current prevention system. State funded Family Resource Centers are participating in activities to implement evidence-based, evidence-informed and promising practice programs in their communities. The goal is to fund community based agencies programs that are implementing programs that have been found to work based on research.

Work First, our TANF employment program continues to lead prevention for the Division. Collaboration between income maintenance, child welfare and child support staff has substantially increased. Significant results indicate a comprehensive service delivery system.

Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

The Division actively engages stakeholders on a regular basis through the State Collaborative for Children and Families. Since the PIP, and particularly during the past year, quarterly reports to the Collaborative regarding issues of stakeholder's choosing are conducted. Regular outreach to solicit feedback for continuous improvement occurs through meetings with our LINKS groups (independent living services), foster and adoptive parent association, county DSS agencies, Administrative Office of the Courts, tribal representatives, university partners and others.

A draft APSR is shared with the State Collaborative and other identified key stakeholders, and an opportunity for feedback is provided. The Division is committed to continuous consultation with our stakeholders. Supplemental meetings of the State Collaborative are purposely held in a central location of NC, in order to facilitate access of all partners.

Item 40: Coordination of CFSP Services With Other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population.

NC's State Collaborative for Children and Families facilitates the coordination of services to children and families through routine scheduled meetings which afford all child-serving agencies the opportunity to share and solicit information. A Division level internal work group was formed with representatives from Medicaid, Child Support, Child Welfare and Economic Services – including Food Assistance and Work First to improve communication and collaboration.

System of Care and the provision of child and family teams is impacting service coordination in a positive way. Families and children are being provided with services earlier in the life of the case. Governor Michael Easley's Child and Family Support Team Initiative uses a school nurse and social worker team to provide coordinated service delivery in 21 school systems in NC. DSS provided funding for facilitators to support the Initiative and enhance the effectiveness of child and family team meetings.

Since our last Review, NC has undergone major changes in our mental health system. County DSS agencies are now the providers of behavioral health services.

NC's child abuse prevention programs are located within the Family Support and Child Welfare Section and that team leader is a member of the Section's management team, ensuring ongoing communication. NC's IV-D child support and parent locator service is a Section within the Division of Social Services. Ongoing communication occurs at the state and county level – again NC combined child welfare and other services, including community-based child abuse prevention and Work First into the Family Support and Child Welfare Section and we view service delivery as a continuum. The Family Support and Child Welfare Section is co-located with our Economic Independence Section, which includes Food Assistance, Low Income Energy Assistance, and Refugee Assistance. County DSS agencies are able to access Qualified Professionals in Substance Abuse for assessment and ongoing services for child welfare and Work First families. Targeted case management services are utilized by county DSS agencies.

Our participation in the State Collaborative contributes to consistent communication between DSS and the Court Improvement Program, early intervention programs, mental health programs, substance abuse programs, tribal programs, and juvenile justice systems. Division staff attended the Court Improvement Project's annual conference and presented a workshop on MRS. DSS referrals to early intervention have increased dramatically. NC does not have agreements with other agencies to provide IV-E or IV-B functions.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

The North Carolina Division of Social Services is the Licensing Authority for family foster homes, therapeutic foster homes, child-placing agencies for foster care, child-placing agencies for adoption, maternity homes and residential child-care facilities. Minimum licensure standards are established to provide protection to four parties--the child, his/her parents, the person providing substitute care and the agency providing placement services. In order to provide foster care, operate a private agency or operate a residential child-care facility, compliance with minimum licensure standards must be demonstrated and a license issued and maintained.

Since minimum licensure standards serve as a baseline of acceptable substitute care and, as such reflect the level at which the public will accept and support basic protection of children in out-of-

home care, licensure also serves as a means to establish a process to raise the minimum level of care through education, consultation and community interpretation. The Department of Health and Human Services has delegated the responsibility for the licensure of foster homes and residential child-care facilities to the Division of Social Services, Regulatory and Licensing Services Unit. In addition to the licensure rules for foster care, residential child-care, child-placing agencies for foster care and adoption, administrative rules addressing standards for approval of adoptive homes and kinship care homes have been implemented.

Every four years the Licensing Authority along with key collaborators that include foster parents, public and private providers, DHHS partners and university partners formally review licensing rules to determine their continued relevance and to compare them with national standards. The latest review began in February 2004 with the formation of six workgroups comprised of 90 stakeholders and/or collaborators. These workgroups reviewed rules for family foster care, therapeutic foster care, residential child-care, child-placing agency – foster care, child-placing agency – adoption and maternity care. A major rewrite of all DSS licensure rules was accomplished. These rules, particularly those related to capacity, staffing patterns and workloads, strongly reflect standards recommended by the Council on Accreditation, the Child Welfare League of America and the Treatment Foster Parent Association. The North Carolina Division of Facility Services, Construction Section reviewed all rules related to building and fire safety to ensure compliance with state and national standards related to building codes, fire safety, handicap access, etc.

Licensure of foster homes and approval of adoptive homes and kinship care homes involves a process of screening and information gathering and evaluation by the social worker of the supervising agency in face to face meetings with the prospective caregivers over a prescribed period of time. The information to be given and obtained by the agency is outlined in policies. A mutual home assessment is developed with the prospective caregiver. This includes the strengths and needs of the family, family profile, appraisal of the neighborhood environment, interviews with all members of the household and sleeping and living arrangements. The home must meet fire and building safety regulations and health and environmental regulations.

During the initial assessment for foster family and adoptive homes, references must be obtained and finger-print based criminal history checks must be conducted, the results of which are used as part of the approval process. Foster parent applicants are matched against the North Carolina Central Registry for child abuse and neglect. Foster parents are also matched against a data base of individuals who have operated any type of licensed facility in North Carolina and their license was revoked, suspended, downgraded or penalized. Individuals in this data base are prohibited from operating another facility for five years. In addition, 30 hours of pre-service competency based training is required for foster care and adoptive parent applicants.

Licensing social workers of the supervising agency are required to meet with foster parents quarterly. Two of these visits must be in the home of the foster parents. Foster care social workers are required to meet with foster children monthly. The Licensing Authority is currently working with the UNC School of Social Work, foster parents and partners from public and

private agencies to develop a safety assessment tool that will be utilized by supervising agency staff members when they visit foster parents or foster children. The tool will be developed by January 1, 2007 and will be piloted in public and private agencies between January 2007 and June 2007. Training will be conducted for all supervising agencies between July 2007 and December 2007; the tool will be implemented January 2008.

Licensing Consultants are fundamental to the Division's role in promoting the health, safety, protection and well-being of children. The North Carolina Department of Health and Human Services is mandated to license, relicense and periodically inspect child-caring institutions, residential child-care facilities, group homes, maternity homes, adoption agencies, child-placing agencies and foster homes Through the activities and services of their Licensing Consultants, DSS insures that these mandates and requirements are met.

In July 2005 the North Carolina General Assembly appropriated funds to the DSS to enhance monitoring and oversight capabilities of foster homes, private agencies and residential child-care facilities. Six additional licensing consultants and two administrative support positions were added to the Regulatory and Licensing Services Unit. In the past the Licensing Authority relied on written information from child-placing agencies to determine if foster homes complied with licensing requirements. The new process will involve consultants making site visits to foster homes as well as conducting telephone interviews with foster parents. The additional staff also means that more visits will be made to the private agencies that supervise foster parents and to residential child care facilities. There will be a combination of announced and unannounced visits.

A foster care rate setting work group has been meeting to review and develop rates through a cost modeled process. This work group includes input from county agencies and foster parents.

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

As of September 30, 2006 there were 82 residential child-care facilities and 7,200 family foster homes and therapeutic foster homes licensed in North Carolina. Thirteen staff members assigned licensure responsibilities are located within one team within the DSS, Family Support and Child Welfare Services Section. Six of the staff are exclusively responsible for providing licensure services to residential child-care facilities and private, licensed child-placing agencies. These staff members receive training in licensure consultation from the National Association of Regulatory Administrators and COA. Uniform licensure standards are applied to the residential child-care facilities at initial licensure and annually thereafter. Annual onsite visits are conducted and a licensure application is completed, along with the submission of supporting documentation in order to verify compliance with applicable licensure standards. A separate file is maintained for each agency.

Two consultant positions are dedicated to providing licensure services to all 100 county departments of social services and 80 private child-placing agencies. Uniform licensure

standards are applied to the 7200 foster homes by this staff at initial licensure and biennially thereafter. Supervising agencies of foster homes are responsible for the preparation of the licensing materials, recommendation for licensure and submission of the materials to the state. Foster care licensing consultants review the licensure materials using the same policies and procedures in order to verify compliance with applicable licensure standards. A separate file is established and maintained for each foster home by the Licensing Authority.

Foster home licenses are reviewed biennially by the foster care licensing consultants and residential child-care licenses are reviewed annually by licensure consultants. When licensure standards are not met, either a provisional license may be issued or adverse license actions are implemented. When a license is denied or revoked, the foster home or the residential child-care facility receives written notice of the adverse action taken. Along with the notice are information and instructions regarding the appeals process. Administrative Law judges hear appeals of adverse licensing actions.

Currently, when a license expires and is not renewed, foster care maintenance payments are withheld. The child data system is interfaced with the foster care facility licensing system to ensure that no foster care funding is provided without the residential child-care facility or foster home having and maintaining a valid license.

Waivers of licensing regulations in North Carolina are governed by administrative rule. When there are requests for exceptions to licensing rules, practice guidance developed by Regulatory and Licensing Services staff is followed by all the consultants. Practice guidance for the consideration of waivers focuses on child-specific situations and takes into consideration the child's permanency plan. Waivers of licensing requirements have enhanced placements of children. For example, waivers have made it possible for sibling groups to live together in one home. Approval of all waivers is made by the Chief of Family Support and Child Welfare Services.

In April 2005 a Title IV-E review was conducted for North Carolina foster care cases by ACF. North Carolina passed this review.

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

NC complies with Federal requirements for criminal background clearances related to licensing foster homes and approving adoptive placements. The statutory requirement for fingerprint-based criminal records checks for foster homes went into effect January 1, 1996. The statutory requirement for fingerprint-based criminal records checks for adoptive homes went into effect January 1, 1999 and was expanded in 2005 to include criminal record checks on all household members age 18 and above. The turnaround time for the fingerprint-based criminal records checks is approximately 16 days.

Foster home applicants must comply with several data base searches in order to meet licensure standards. The Licensing Authority matches foster parent applicants against the state's Central Registry for Child Abuse and Neglect. Foster parents are also matched against a data base of individuals who have operated any type of licensed facility in NC and their license was revoked, suspended, downgraded or penalized. Individuals in this data base are prohibited from operating another facility for five years. The supervising agency is required to conduct a criminal background check of foster parent applicants by researching a statewide Administrative Offices of the Court data base. The supervising agency also conducts a search of the NC Department of Corrections data base.

The state addresses safety with respect to child-caring institution staff through requiring compliance with a variety of licensing rules. Child-care institutions must demonstrate compliance with licensing rules prior to issuance of initial licensure and annually thereafter. Unlicensed child-care institutions are prohibited from accepting children for placement. The state has six licensing consultants dedicated to providing licensure services for 82 residential child-care facilities. Annually, the child-care institution is required to complete a self assessment in completing the state's license application and demonstrate compliance with licensure standards. Licensing consultants conduct initial and annual onsite visits. While onsite, these staff review children's, personnel and administrative records as well as interview staff and children in residence.

Residential child-care facilities have specific requirements related to safety issues for staff members. These rules require the following for full-time, part-time, contracted staff and volunteers: an application for employment including the record of previous employment; documentation of at least three professional references; medical information required for each staff by licensure standards (initial and biennial medical examinations, initial TB test and Health Questionnaire); signed statement that the employee has no criminal convictions that would adversely affect his/her capacity and ability to provide care, safety and security for the children in residence; certified criminal record checks; results of the search of the North Carolina Sex Offender and Public Protection Registry; results of the search of the North Carolina Health Care Personnel Registry; results of the search of the Responsible Individuals List which will indicate the employee has not had child protective services involvement resulting in a substantiation of child abuse or serious neglect; signed statement that the employee has not abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child; signed statement that the employee has not abused, neglected or exploited a disabled adult; signed statement that the employee has not been a domestic violence perpetrator.

The residential child-care institution must have and follow policies and procedures regarding the reporting of any allegations of abuse or neglect to county DSS as well as reporting any allegations and findings of any investigations to the Licensing Authority. In addition, the facility must have policies and procedures in place to prevent recurrence of any alleged incident pending any investigation of child abuse or neglect.

Safety of children is also addressed in licensing standards that pertain to behavior management. Residential child-care staff members are required to be trained in methods of proactive behavior management and discipline. They must also receive training for protecting children and others when a child is at imminent risk of harm to themselves or others. Documentation, review and follow-up are required when such incidents occur. Reporting to the licensing authority of any such incidents is required at the time of occurrence.

Fingerprint checks are completed before a foster home is licensed and accepts children. Criminal background checks are required for staff of residential child-care facilities before they begin employment. A criminal record does not automatically exclude an individual from serving as a foster parent or a staff member of a residential child-care facility. The nature of the offense, the time of the offense and the rehabilitation of the individual are considered. Individuals who have been convicted of a felony involving child abuse or neglect, spousal abuse, a crime against a child or children (including child pornography), or, a crime involving violence including rape, sexual assault, or homicide, but not including other physical assault are precluded from being licensed as foster parents or approved as adoptive parents. North Carolina does not license or approve any foster parent or adoptive parent who has a felony conviction within the last five years involving physical assault, battery or a drug related offense.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

We believe foster parents act as the best recruiters of additional foster parents and are developing a plan which will provide financial incentives to foster parents as front-line recruiters. The contract with UNC School of Social Work (Jordan Institute) is being amended to include developing a plan to recruit and retain foster parents. We are pursuing funding for an incentive program to reward existing foster parents for recruiting new foster parents.

Each county DSS must submit a plan that addresses efforts to diligently recruit potential foster and adoptive families that reflects the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. These individual plans, called MEPA plans, are reviewed and approved by the Division. Adherence to the plan is monitored by the Children's Program Representatives and is a part of the CFSRs.

The Division provides support to counties in recruitment efforts in a variety of ways. We maintain performance-based contracts with four private agencies, Another Choice for Black Children, Inc.; Children's Home Society, Inc., Methodist Home for Children, and Adoption Plus with Appalachian State, Family Innovations. The primary purpose of these contracts is to recruit, train and prepare adoptive parents for children with special needs who are in the legal custody of local departments of social services. Each agency has a goal of placing between 10-20 children each year while also providing post adoption support.

The focus of Another Choice for Black Children, Inc. is to secure adoptive homes for African-American Children, although they provide adoption services to all families who are interested in special needs children. This adoption agency is highly visible in the State and has gained a national reputation for finding African-American families who are willing to adopt. Permanent homes have been secured for over 800 children since the Division entered into contract with them in 1996. The other agencies continue to increase their recruitment activities in African-American communities. All of these agencies provide post-adoption services to families.

The Division of Social Services also has a performance based recruitment contract with the University of North Carolina at Greensboro. UNC-G is responsible for tracking all adoption and foster care inquiries, maintaining a toll free hotline 12 hours a day for six days a week, and developing a resource directory for the state of North Carolina. UNC-G's NC Kids Adoption and Foster Care Network seeks to work in collaboration with county DSSs to ensure that all legally free children who have a plan of adoption and who are in need of a permanent family are registered on the NC Kids website. The site registers approximately 18 children a month and has at least 237 active registrations at any given time. NC Kids Adoption and Foster Care Network serves as a conduit for prospective parents who are seeking child placements and as such, transfers appropriate referrals to local county staff. They respond to approximately 3,300 calls per year from families. Approximately 50 families register per month. The contract staff also develops and distributes these publications- Photo Adoption Listing Services (PALS) and a Family Listing. These publications are available to libraries, public and private adoption agencies and interested individuals. NC Kids Adoption and Foster Care Network is the Recruitment Response Team (RRT) in collaboration with AdoptUsKids for North Carolina. As part of the contract, UNC-G through NC Kids Adoption and Foster Care Network organizes additional statewide recruitment activities. In 2005, NC held its first Adoption Heart Gallery which traveled throughout the state. In November 2006, NC Kids kicked off the second year of the Heart Gallery recruiting for more than 21 children represented in the Gallery.

Our Special Children Adoption Fund has been used by counties to increase recruitment efforts, support adoptive placements, and to provide post adoption services. More than 2100 children have reached permanence by adoption due to the Fund. Particularly in the African American population, approximately 1000 children have achieved permanence.

Other Division support to counties includes: adoption assistance rates that equal foster care rates; Medicaid to all children, regardless of funding source, unless a non IV-E child has income above the state's guidelines for Medicaid, financial support to adoptive parents through \$2400 vendor payments for medical and therapeutic needs that are not covered by Medicaid; training on recruitment and retention, MEPA/IEP, and legal and financial aspects of adoption; Special Children Adoption Incentive Fund— This Fund is available to counties that commit to provide 50% of the cost of this incentive. Administrative rules define the special needs of children and requirements of foster parents and agencies that choose to participate. More than 110 children have been adopted and their adoptive families currently receive financial support from the Incentive Fund.

NC's General Assembly recognizes the important contributions that foster and adoptive parents provide to children in NC and increased the standard board rate for foster care and adoption assistance by \$25 for the second year in a row in state fiscal year 2004-2005.

Efforts to secure legally secure adoptive homes for children has been promoted throughout North Carolina. The State of North Carolina remains committed to reducing the disproportionate number of African American children represented in the child welfare system. County DSS agencies are also working on this issue through examining data, providing cultural training to staff, and using a team approach to making case decisions.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

North Carolina is a member of the Interstate Compact on Placement of Children which provides a framework within which member states can plan cooperatively for interstate placements to ensure that children will receive appropriate care and supervision. The Interstate Placement Statute that requires the consent of the Department of Health and Human Services prior to placement of children into or out of North Carolina, also governs the interstate placement of children.

NC joined the Interstate Compact on Adoption and Medical Assistance in October, 1999. We have continued our participation in this important program to help ensure that children receive Medicaid benefits when the child's Adoption Assistance is funded by state option or Title IV-B if the child comes from another ICAMA member state.

Strengths in NC include the acceptance of comparable foster parent training requirements; removing a hurdle for families who relocate to NC and are interested in fostering/adopting, and adoption assistance benefits continue when the child/family establishes residency in another state.

Section V – State Assessment of Strengths and Needs

On the basis of an examination of the data in section II and the narrative responses in sections III and IV, the Statewide Assessment Team should respond to the following questions in completing this section:

1. Safety 1 and Safety 2 are primarily strengths – our MRS and SOC system reform efforts have had the greatest impact on the front end of our child welfare service delivery system, as evidenced by the increase in service minutes during assessment. We are not currently meeting the national standards; however we have consistently made progress in the right direction since SFY 2002. Areas of concern within Safety 1 and Safety 2 include accessing necessary mental health, substance abuse and domestic violence treatment services to prevent removal or re-entry into foster care. Well Being 1 and 2 are primarily strengths. Child and Family Team meetings include community partners who must be engaged in order to meet children’s well-being needs. NC’s Statewide Information System is a strength in that counties are well informed, NC has strong partnerships with universities and contracts for the evaluation of MRS, SOC, IV-E Waiver, Community Based Programs, and several county experiences reports are available for county DSS staff and community partners to examine their performance. A challenge for NC’s Statewide Information System in the absence of statewide identifiers. Case Review System, Quality Assurance System, Staff and Provider Training, Agency Responsiveness to the Community, Foster and Adoptive Home Licensing, Approval, and Recruitment are strengths.
2. Permanency 1 is generally an area needing improvement, especially placement stability. North Carolina could also improve in regard to timely reunification of children with their families. However, adoption outcomes are a strength – particularly adoptions of older and special needs children. Permanency 2 is also a general area needing improvement. Currently, NC does not collect a great deal of data regarding the continuity of family relationships for children. NC’s internal Quality Assurance Data demonstrates that counties could be placing more children in close proximity to their families and youth stakeholders have remarked that they do not get to visit with their families as often as they would like. NC is doing well on placing children with relatives. Well Being 3 is an area needing improvement, according to State Collaborative stakeholders, access to mental health services is challenging. Service Array and Resource Development is an area needing improvement. During the on-site review, a closer examination of several issues is needed in order to increase our understanding of the problem and identify potential solutions. The areas needing improvement are prioritized under Safety, Permanency and Well-Being:

Safety:

1. State Collaborative stakeholders state there are not adequate mental health, substance abuse, and domestic violence service providers. The lack of services puts children at greater risk for removal and re-entry into foster care. NC's data reflects this, as increasing numbers of children enter foster care annually. A closer examination of this issue would be helpful during the on-site review.

Permanency:

1. NC struggles with reunifying children within 12 months. Lack of services, specifically around substance abuse and domestic violence has been identified as the primary contributing factor to delays in reunification. It would be helpful to fully assess all factors contributing towards delays in reunification during the on-site review.
2. Children in NC experience multiple placements. It may be that NC needs to improve the assessment process regarding matching children with out-of-home placement providers. It would be beneficial for the on-site review to look more closely at this issue.
3. African American children are overrepresented in our foster care population. African American children represent approximately 34% of all children reported for abuse and/or neglect, 34% of all children substantiated for abuse and/or neglect, and 37% of children entering DSS custody each year; comparatively, the 2000 Census reports that African Americans comprise just 22% of the population in the state. Further, African American children have a longer median length of stay in DSS custody; African American children stay a median of 466 days compared to the statewide median of 412 days. Because they enter custody at a higher rate and have longer lengths of stay, at any point in time, African American children make up approximately 50% of children in DSS custody. It would be helpful for the on-site review to examine this issue more fully.

Well-Being:

1. NC needs to do a better job assessing and providing needed services to foster and adoptive parents. Feedback from surveys indicates that NC needs to be more responsive to foster and adoptive parent's needs. Further examination of this issue on-site would be helpful.
3. Mecklenburg County is NC's largest metropolitan area, and is a review site. Our recommendation for the additional sites include: Catawba and Nash. Catawba is unique, in that this county provides mental health services. In July 2004, Catawba County merged several existing children, youth and family services into a new partnership called Family NET (Nurturing, Education and Treatment). Catawba County reports that Family NET is an innovative and exciting development that has helped retain and strengthen mental health services for high-needs families. Eighty percent (85%) of Catawba

County's children in foster care who receive individual therapy are seen at Family NET. Nash is a rural county in the Eastern region of NC, is a pilot MRS county, and there are a disproportionate number of African American children in care. NC analyzed a multitude of data in the selection of the review sites: Census data, longitudinal data, judicial district data, performance on federal outcome measures, performance on state level biennial reviews, and county assessment of initiatives/promising practices and challenges/barriers. Mecklenburg, Catawba and Nash represent a good mix of rural/urban, are in varying stages of MRS implementation, and are representative of our state regarding performance in federal outcome measures.

4. NC's experience with the Statewide Assessment Instrument and process has given us an opportunity to think critically about outcomes for children. There has been much valuable discussion with State Collaborative stakeholders and there is a sense of shared responsibility in NC for achieving positive outcomes for children and families. NC sought technical assistance from the National Resource Center for Organizational Improvement (NRCOI), Legal/Judicial Resource Center, and the National Resource Center for Child Welfare Data and Technology. NC's experience with the National Resource Centers has been collaborative, positive and meaningful. Preliminary plans have been made to conduct strategic planning with the State Collaborative for Children and Families, to partner with the Court Improvement Project around permanency outcomes, and to collaborate more effectively with courts and tribes. More clarity regarding NC found it helpful to assign a coordinator of the statewide assessment and a coordinator of the on-site review. We would encourage involvement of staff from the selected review site as early in the process as possible. It would have been helpful if the criteria for choosing the two additional review sites had been clear earlier in the process.
5. The State Collaborative for Children and Families is NC's continuous stakeholder group, and is chaired by Patricia Solomon, family member, and Joel Rosch, Duke University. We meet with the Collaborative twice a month and solicit information regarding our CFSP and subsequent APSR formally on a quarterly basis. In the development of this statewide assessment, NC chose a multi-pronged approach to gathering information. We solicited survey information from judicial stakeholders including; judges, guardian ad litem, clerks of court, parent attorneys, and DSS attorneys, foster youth, and foster parents. Focus group meetings were held with foster youth and data experts including: Kevin Kelley, NC FAST, Sabrina Southern, NC FAST, Victor Carr, Data Warehouse, Claude Monnier, Data Warehouse, Claire Osgood, Duke University, Matt Edwards, Duke University, Craig Dutremble, Mecklenburg County, Sally Shaw, Mecklenburg County, Joy Stewart, UNC-Chapel Hill, Beth Caplick, UNC-Chapel Hill, Kellie Reed-Ashcraft, Appalachian State University, John Turner, Appalachian State University, Robert Barrington, Appalachian State University, Ray Kirk, Independent Living Resources, Robert Evans, DIRM Web Team, Henry Harding, DIRM Web Team. A supplemental meeting to the State Collaborative schedule was held to further flesh out strengths and challenges and discuss changes in outcome measures. Attendees at this meeting included: Jean Barbour, NC FAST, Jamie Blevins, Wilson County DSS, Andrea

Lewis, Division of Child Development, Warren Ludwig, Wake County Human Services, Joy Stewart, UNC-CH School of Social Work, Joyce Gardner, NC FAST, Trishanna McKendall, Youth Advocacy Involvement Office, Elizabeth Caplick, UNC School of Social Work, Earl Marrett, Johnston County DSS, Laura O’Neal, Nash County DSS, Beverley Smith, NC Kids, Joyce Edwards, Caldwell County DSS, Lana Dial, Court Improvement Project Coordinator, AOC, Cherish Conley, Catawba County DSS SAYSO, Sandra Yarborough, Children’s Home Society, Alexia Stith, AOC Drug Treatment Courts, Jeff McCraw, NC FAST, Diann Irwin, Department of Public Instruction, Exceptional Children, Jerry Wilkinson, Early Intervention, Division of Public Health, Jane Volland, Guardian Ad Litem, AOC, Jennifer Tolle Whiteside, Prevent Child Abuse North Carolina, Kevin Ryan, Division of Public Health, Dean Duncan, UNC- CH, Sabrina Southern, NC FAST. On December 19, 2006 another meeting was held to discuss the findings of the statewide assessment and to gather input from State Collaborative stakeholders regarding our strengths and areas needing improvement as a state. Participants at this meeting, not listed above, include: Susan Robinson, NCDMH/DD/SAS, Terri Shelton, University of North Carolina at Greensboro, Center for Youth, Family and Community Partnerships, Jilan Li, UNC-CH, School of Social Work, Rebecca Huffman, NCDSS, Christina Christopoulos, Duke University, Esther High, NCDSS, Kaye Radford, Nash County DSS, Adele Spitz Roth, Duke Center for Child and Family Policy, Donna Pygott, Children and Family Services Association, Dannette Smith, Mecklenburg County DSS, George Bryan, The Children’s Home, Kelly Crowley, NCDMH/DD/SAS, Lori Davis, Catawba County DSS, Laura Smith, SR LME, Sharon Valentine, student, Rhett Mabry, Duke Endowment, Steve Snipes, Early Intervention, Amelia Lance, NC Fast, Suzanne Boyd, Institute for Social Capital, UNC-Charlotte, Debra McHenry, NCDPI, Sandy Cook, Children’s Home Society, Karen McLeod, Child and Family Services Association, Stacey Darbee, NC Foster and Adoptive Parent Association, Narell Joyner, Mecklenburg AMH/SOC, John Koppelmeyer, Barium Springs Home for Children.

NCDSS staff who participated in the statewide assessment include: Sherry Bradsher, Director, Jo Ann Lamm, Deputy Director, Esther High, Family Support and Child Welfare Section Chief, Candice Britt, Special Projects Coordinator, Kate Johnson, Child Welfare Data Manager, Beverly Daniel, Local Operations and Review Manager, Sara Mims, Work First and CPS Policy Manager, Patrick Betancourt, MRS Coordinator, Charisse Johnson, Community Based Programs/Foster Care and Adoptions Manager. The staff listed above served on an internal work group during the development of the assessment. Many staff members contributed to the completion of the assessment: Bob Hensley, Licensing Manager, Teresa Turner, Staff Development Manager, Ruth Harrison, Staff Development Manager, Eric Zechman, Policy Consultant, Thomas Smith, Policy Consultant, Tamika Williams, Policy Consultant, Sue Bell, Policy Consultant, Heather Bohanan, Human Services Planner/Evaluator, Jane Seo, Human Services Planner/Evaluator, Marina Chatoo, Community-Based Programs Consultant, Holly McNeill, MRS Consultant, Pam Johnson, Human Services Planner/Evaluator.

Additional Information:

In preparation for the Child and Family Services Review (CFSR), NCDSS carried out a prescribed self assessment of the Family Support and Child Welfare system. As part of the self assessment, outside stakeholders were invited to provide feedback in the form of a questionnaire. Surveys were adjusted for intended recipients and were emailed/mailed to legal stakeholders, foster parents and youth involved with the child welfare system. Introduction and summary results of the surveys various stakeholders in NC completed are outlined below.

Legal/Judicial Feedback

Feedback provided by the legal professionals and judicial staff members engaged with the family court system, handling cases related to child abuse and neglect is included. The surveys, consisting of 74 questions grouped into 14 categories, covered topics ranging from timeliness of adjudication to Court to Agency relationship.

Of the approximately 600 surveys that were sent out, 30 completed surveys were returned (a response rate of 5%). Slightly more than half of the respondents were Guardian ad Litem attorneys (53.3%), followed by DSS attorneys at 20%. Completed surveys were received from 18 of 41 judicial districts.

The survey asked the respondents to rate the questions on a 5 point Likert scale, “Strongly Disagree” to “Strongly Agree.” The respondents were also given the choice of “Not Applicable, N/A” and within each section, space was provided for additional comments. In the following results section, the “Strongly Agree” and “Somewhat Agree” responses were collapsed into an aggregate indicator of agreement and the “Strongly Disagree” and “Somewhat Disagree” were collapsed into disagreement.

The legal stakeholder’s survey highlight the legal system’s many strong points and brings to light areas that require further focus and attention. The legal professionals generally agree that child protective cases are progressing along in a timely manner and adjudicated in the best interest of the child.

Nevertheless, the results clearly indicate parts of the system that need improvement. Currently, technology to measure and monitor performance exists in 60 of 100 counties. This deficiency does not allow the courts to efficiently track its cases nor report on progress.

The court to agency relationship is another area of concern identified by the legal professionals. Those surveyed suggest that court systems and agencies do not regularly engage one another over mutual concerns and interests.

Areas that merit further discussion are the responses to TPR and Post-TPR review. The answers to questionnaires were inconsistent with the personal comments. Many voiced concern on judicial discretion and timeliness of adjudication. Personal comments suggest a reluctance by

the judges to TPR, particularly if the case pertains to an older child. But more than 80% indicate that “judges are willing to terminate parental rights when the evidence supports that decision.”

The CIP, administered by the Administrative Office of the Courts (AOC), is a program designed to improve the permanency outcomes of children going in and out placement. From the implementation of the CIP, Model Local Rules for Juvenile Court were established and put into place in Family Courts. These 24 rules focus on advancing the “pace of juvenile cases and to move the cases towards permanency, as required by state and federal laws.”⁷ The pilot determined that the five (5) rules most likely to influence outcomes are:

- Timely appointment of counsel, GAL’s, etc.;
- Holding Day-1 conferences, pre-trial conferences/hearings;
- Adherence to timelines relating to adjudication/disposition and review hearings;
- Methods of judicial assignment (1 judge/1 family); and
- Frequency/reasons for continuances.⁸

These surveys were conducted at the end of the CIP as well as the Evaluation of the Family Court Pilots project (implemented in eleven (11) of forty-one (41) judicial districts). With the application of some of the model rules, the legal stakeholder’s survey may be capturing the effects of these initiatives. Since the project was not implemented in all of the judicial districts, the inconsistent responses are anticipated.

The CIP reassessment process may also help to explain the low response rate. The current survey focused on equivalent areas of concern and was composed of similar questions as those addressed during the CIP. These similarities may have subdued interest in completing this round of surveys.

Overall, the responses were positive and these positive outcomes may be attributed to the impact of the CIP initiatives as well as to changes in legislation. In the open ended comments sections, many of the respondents noted the changes that are occurring. Several pointed out that the current situation is expected to change for the better with the incoming judge. Some also mentioned that there has been an increase in the number of staff and increase in court time. With the current environment of change and initiatives, a trend towards improving outcomes for child protective cases may be observed in the future.

Foster Parent and Youth Feedback

This report outlines the feedback provided by the foster parents and youth involved with the foster care system. The foster parents’ survey consisted of 14 questions the youth’s survey consisted of 12 questions. Only those youth who were of consenting age were chosen to complete the survey. Both surveys provided space at the end of the survey for comments.

Foster parents sent in a total of 93 completed surveys. A total of 18 counties are represented, with Wilkes County representing the largest proportion at 34.4%, followed by Mecklenburg at

⁷ See page 7 (2001), of Raymond S. Kirk’s Final Report: Evaluation of the North Carolina Court Improvement Project. UNC Chapel Hill: Chapel Hill, N.C.

⁸ See page 19 (2001), of *ibid*.

20.4%. Almost half (49.5%) of the surveys were from medium counties, followed by large, urban counties (40.9%) and then rural counties (9.7%). Those submitting a survey were most likely female (60.2%), white (69.9%) and have been a foster parent for, on average, 4.5 years (range: 3 months to 22 years, with a median of 3 years). A very small minority of the foster parents identified themselves as Hispanic (2.2%).

The youth in foster care completed a total of 22 surveys. The youth completing a survey were most likely female (68.2%), White (63.6%), of Non-Hispanic ethnicity (68.2%) and residing in Catawba County (68.2%). The other 31.8% of the youth resides in Guilford County (4.5%), Haywood County (9.7%) and Orange County (18.1%). The average length of time in foster care was 26.11 months (median: 17 months, range: 3 months to 90 months) however, only a slight minority (40.9%) answered this question.

The survey asked the foster parents and youth to rate the questions on a 5 point Likert scale, “Strongly Disagree” to “Strongly Agree.” The respondents were also given the choice of “Not Applicable, N/A” and within each section, space was provided for additional comments. In the following results section, the “Strongly Agree” and “Somewhat Agree” responses were collapsed into an aggregate indicator of agreement and the “Strongly Disagree” and “Somewhat Disagree” were collapsed into disagreement.

The primary dissatisfaction voiced from the foster parents is the feeling that they are on their own and not feeling supported by the social service agencies. The foster parents wrote about their frustrations of having to fight the system to get the care the foster children need. One respondent summarized,

“I’m concerned that in most cases the agency is so focused on getting placement for the children, that there aren’t other resources readily available to assist them with their education, such as a need to transfer to a new school, transportation need that accompany that and some times the simple thing as a tutor. When we take children in our home, we want to bring wholeness to them in every area of their life. My husband and I have found ourselves sacrificing to make sure these children can become confident in themselves. With one child, we initiated and now provide transportation to get him to a charter school that is more conducive to learning rather than gang related activities. There seems to be nothing in place.”

Others criticize being made to feel like a “babysitter” in that the foster parents’ input into the permanency planning is not acknowledged:

“I feel that most of the time foster parents are used as a baby sitter. We have the children 24/7 and usually we know them better than anyone, sometimes even the parents, but when it comes time to say what is best for the child we get no say in nothing. In our county, even the judge doesn’t listen or hear from foster parents or children (no matter what the age).”

Even with the struggles the foster parents report, they still report that they “love being a foster parent.” One foster parent writes, “I feel as though there are a few holes in the system, but overall, we have been enjoying our roles as foster parents and working with the Department of Social Services.” Another commended the efforts of putting out the survey, “Thanks for your work with this survey to give us some input but more important is to hopefully bring about some positive change.”

Foster parents and youth agree that the foster care system has areas of need that can benefit from additional resources. However, despite the challenges faced by each individual working with the system, the results of this survey are encouraging. In general, the foster parents are receiving the proper training and are provided with the appropriate level of communication. Services and support are offered and made available to all youth who are in need. This system may have its weak spots but the consumers are reporting feeling satisfied with the overall services that were received.